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ABSTRACT

Research of the Child Welfare League of America is reviewed. This research aims to develop guidelines to assist the child welfare agency practitioner in deciding when the needs of children who come to the agency's attention can be better met by service in their own homes or through placement away from home. Initially data were collected from caseworkers on a sample of cases. These data were analyzed to see whether any factor or group of factors was associated with a placement decision. An interview form was developed to be used during the first inperson interview with the caretaking adult in the case. Cases were reviewed by two groups of judges. Following a review of the experience of workers, the opinions of the judges, and an empirical analysis of the data, the intake interview guide was revised into its final form. (Author/CK)

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A MODEL FOR INTAKE DECISIONS IN CHILD WELFARE

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Report of a study funded by Child Welfare Research and Demonstration Grant PR-500 from the Community Services Administration of the United States Department of Health, Education and Welfare.

Research Center

Child Welfare League of America, Inc.

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PREFACE

The program of the Research Center of the Child Welfare League of America is directed toward the extension and improvement of child welfare services through expansion of knowledge of the needs of children and of the kinds of services that seem most effective in averting or meeting those needs. Such a research program can be carried out only if the researchers have access to direct service settings. The Research Center is strategically situated, for it has access to a wide range of direct service settings in the member agencies of the League, which have been most cooperative in serving as the laboratories for research such as is reported here.

The purpose of the League's research program can be attained only if the questions addressed are germane to the concerns of the field, the research is done competently, and the findings are not only communicated to agency staff but incorporated in agency programs and practice. There seems little room for argument about the practical importance of developing intake procedures that will facilitate early decisions appropriate to the needs of the child for whom service is sought, and this is the focus of this report. The research has been written up in more technical detail than may be of interest to some practitioners. It has seemed important to record the steps taken and the pitfalls encountered for the benefit of others undertaking further research in the complex area of decision making in child welfare. We believe that the outcome of our efforts has practical utility, and therefore hope that it will find its

way into agency thinking, planning, training and practice.

The most practical and practicable aspect of the report is a specific Intake Interview Guide that has been tested in a number of settings and that is recommended for general use in child welfare intake. Agencies may wish to reproduce the guide for their own use, or they may wish the League to make it available in quantity. Agency demand will determine whether the League undertakes production and distribution. The text discusses the steps taken in developing the guide, the changes made in it and their rationale, and its potential use in practice, supervision and training.

The content of the guide was determined in large part by the factors identified as important in differentiating cases in which service in own home or placement away from home was considered the appropriate plan for the child. Extensive analysis was made of the characteristics of child, parents and social situation, and the combinations of these characteristics, that are associated with one or the other general service plan. The data in the report on the factors and clusters of factors that point toward particular service decisions do not constitute a how-to-do-it manual for the intake worker. We believe that they do, however, provide the worker with a more explicit framework than previously available in considering all of the facts in a given case before arriving at a service plan. We believe that they also offer a framework for staff study of intake that may contribute to enhancement of practice within the agency and ultimately to sharpening the rationale for differential service planning.

It is our earnest hope that the guide itself and the analysis of factors in decisions will prove of sufficient use to justify the investment of HEW in funding the research and of the several agencies that provided the data.

Ann W. Shyne

Director of Research

Child Welfare League of
America, Inc.

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This study is the product of money, time and moral support from many sources. We wish to thank all of the following agencies that participated in the data collection phases of the study:

Baltimore County Department of Social Services, Maryland

Bureau of Child Welfare, New York City Department of Social Services, New York

Children's Protective Services, M.S.P.C.C., Massachusetts

Child Care Service of Delaware County, Pennsylvania

Division of Children's Services, Monroe County Department of Social Services, New York

Division of Children's Services, Department of Welfare, City of St. Louis, Missouri

Division of Family and Child Social Services, Westchester County Department of Social Services, New York

Family and Children's Services, Los Angeles County Department of Public Social Services, California

Family Service Unit, Missouri Division of Welfare, St. Louis, Missouri

Without the time and effort of the administration, the caseworkers at these agencies who completed schedules, and those who consented to be interviewed, this research would not have been possible.

The practitioners who served as judges were: Mrs. Harriet Goldstein, Miss Margaret Kahn, Miss Draza Kline, Miss Geraldine E. McKinney, Joseph Paul, Fred Rothenberg, Miss Virginia Speirs and Mrs. Zitha R. Turitz.

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Department of Health, Education and Welfare, and to it we are grateful.

Finally, we would like to acknowledge our debt both to the Research Committee of the League and to members of the League staff who helped through their advice and moral support.

INTRODUCTION

For 3 years the Research Center of the Child Welfare League of America has been working toward the development of guidelines to assist the child welfare agency practitioner in deciding when the needs of children who come to the agency's attention can be better met by service in their own homes or through placement away from home. Its efforts have been directed to two related goals. One is to identify and develop a method of collecting early in the contact the information necessary for sound decisions, so that decisions will not vary from child to child simply because of variations in the amount and kind of information on which the decisions are based. The second is to determine the circumstances under which one or another decision is ordinarily appropriate, so that the practitioner will have more explicit guides than now available in his selection of service plans, and so that workers and agencies may be alerted to the children most likely to require substitute care unless services are provided to avert this need.

Work toward these dual goals has proceeded simultaneously. The results of the study have reinforced the initial impression of inconsistency across workers and agencies, and across cases handled by the same worker in the same agency, in the information available prior to decisions crucial in the lives of the children affected. Considerable variation among practitioners, even those who are highly experienced, in the service plans they consider appropriate in a particular case was also revealed. Despite this diversity of individual judgments, however, a number of factors emerged repeatedly in different contexts that appear

to be important in child welfare decisions and tend to differentiate between placement and nonplacement decisions as they are currently made.

Preliminary findings on "Factors Associated With Placement Decisions in Child Welfare" were presented in a monograph published in 1971 under that title.[1] The present report supplements and to some degree modifies these findings. It also offers a suggested intake interview guide or outline for use in child welfare agencies, together with discussion of steps through which the intake interview guide was formulated.

The first chapter summarizes briefly the findings reported in the 1971 publication, which were derived from research schedules completed by caseworkers in three public agencies following their decisions about service plans. The incompleteness of the data the practitioners were able to furnish retrospectively prompted us to convert the schedule into a guide to be used directly with the client in the intake interview. Chapter 2 discusses a pretest of this guide in another agency, from the point of view of both the substantive findings and the reaction of staff to its use.

This pretest generated case material that was subsequently reviewed by six expert practitioners, whose judgments were obtained about the appropriate decision in each case and the factors important to the decision. Chapter 3 reports the outcome of this phase of the study, which supported the utility of such an intake interview guide and also underscored the idiosyncratic nature of child welfare decisions.

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[1]Michael H. Phillips et al., Factors Associated With Placement Decisions in Child Welfare (New York: Child Welfare League of America, 1971).

Both the pretest and the judges' review of the cases included in the pretest suggested several revisions in the intake interview form. The revised version was used for a limited period in three agencies. On the strength of their experience, which is documented in Chapters 4 and 5, the revised form is presented in full in the Appendix. This is in a sense the pièce de résistance of the monograph, which concludes with a discussion of the use of the guide in agency practice.

Chapter 1

INITIAL ANALYSIS OF FACTORS ASSOCIATED WITH PLACEMENT DECISIONS

In 1969 the Research Center of the Child Welfare League of America initiated a study in cooperation with one voluntary and three public member agencies of the League directed toward identifying the conditions under which the needs of children can be served appropriately and effectively through service in their own homes. The caseworkers completed detailed Intake and Decision Schedules within a month of the first inperson interview on most cases in which there was a request for service that involved the needs of a child or children and in which the worker anticipated service beyond the initial interview. An analysis was made of the situational and behavioral characteristics of cases in the three public agencies in which the caseworker considered service in own home or placement the ideal decision. This chapter will summarize the major findings, which are reported in detail in an earlier publication.[1]

Cases in which the decision was to provide service in own home were followed for a year or until closing, if earlier, with data reported by the caseworker on details of the service given each month and on the outcome of service at its conclusion. In addition, information was obtained directly from the client through independent research interviews soon after the intake decision and again at closing or at the end of the year. A separate report on the nature and outcome of service in own home

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[1] Phillips et al., op. cit.

will be published soon.[2]

Several types of service requests were excluded from the study because they represented special needs or because the service to be given was defined a priori by the nature of the request. The major exclusions were requests for adoptive placement, postplacement service, service to children with no parent living within the service area, service needed because of the child's physical handicap or mental retardation, service to a family all of whose children were 14 years of age or older, and service for an expectant mother or her unborn child. Intake and Decision Schedules were submitted on a substantial number of cases for which day care was the service to be provided. Because the characteristics of these cases differed markedly from those of other cases receiving service in own home, they were excluded from the analysis of factors associated with own home and placement decisions.

Case Characteristics Differentiating Own Home and Placement Cases

The study group on which the report is based was made up of 140 cases involving 309 children in need of service. The caseworkers considered placement away from home the ideal plan for 71 of these children, and service in own home the ideal plan for 238 children. These two groups were compared on over 150 items of information relating to the nature of the service request; the socioeconomic circumstances of the family; behavioral and attitudinal traits of mother, father and child; and the adequacy of parental care. One of the problems in analysis was

[2]Edmund A. Sherman et al., Service to Children in Their Own Homes: Its Nature and Outcome (New York: Child Welfare League of America, 1972).

the frequency with which the caseworker did not have information on one or more of the items on the schedule, with the lack of such information particularly marked in the service-in-own-home cases. Despite this problem, significant differences were found between the two decision groups on over 50 items. The findings from this item-by-item comparison can perhaps best be conveyed by an excerpt from the summary section of the "Factors" report.

"The placement children came from smaller families but from families that were less advantaged in socioeconomic circumstances and that had exhausted their resources for help with their problems. Their mothers were more likely to have a history of mental illness, to appear emotionally disturbed, to have difficulty in holding a job and managing money, and to show a lack of concern for the children and inappropriate handling of them. If the father or a father figure was present in the home, he was much more likely in placement cases to evidence a range of deviant behavior and attitudes than the father in an own home service case. Despite the frequency of negative traits in one or both parents, parental care was judged adequate in a substantial proportion of cases in both groups, with gross inadequacy of care somewhat more common for the placement children. The reasons for the service request differed somewhat for the two groups, but a more striking difference appeared in the nature of the service wanted by the caretaking parent. For a large majority of the children for whom placement was considered appropriate, the caretaking parent had requested placement, while for a substantial proportion of the own home service children, the parent had wanted no service at all.

"Children for whom placement was considered the ideal plan were a little younger and more of them were already in temporary placement and had siblings in placement. They were more often judged emotionally disturbed and described as evidencing emotional or behavioral difficulties. These difficulties tended to take the form of behavior that would bring the child into conflict with his parents or the community, such as not accepting parental control, stealing, fighting and running away."

Thus the data indicated greater social and psychological pathology in placement than in own home service cases. However, there was, as was to be expected, considerable overlap between the two groups on each characteristic. For example, although a larger proportion of mothers in placement cases had a history of mental illness, such a history was also reported for some mothers in the own home cases, and a majority of mothers in placement cases did not have such a history. Furthermore, inspection of the data indicated a good deal of overlap among the items that differentiated the decision groups. Therefore, an attempt was made to reduce the items to a smaller number of relatively independent variables and to identify combinations of characteristics that might be more strongly predictive than any single item.

Development of Predictive Clusters

From review of the intercorrelations of the items, seven clusters of traits were identified. Only the first five apply to families in which only the mother was present; all seven apply to intact families. The clusters and their components are listed here. (The five starred items on the list were subsequently dropped. This will be discussed in Chapter 4.)

Background Factors: Cluster I--6 items

Other children are placed outside the home
Mother does not provide major care of child(ren)
Mother wishes child(ren) placed
Family is receiving public assistance
Income is inadequate to family needs
Family has no sources of help available to it

Mother's Relationship With Child: Cluster II--5 items

Shows little concern for child(ren)
*Is overly severe in punishments of child(ren)
Does not set limits for child(ren)
Is erratic in handling of child(ren)
Is not warm and affectionate with child(ren)

General Mother Traits: Cluster III--6 items

Has difficulty holding a job
Manages money poorly
Is suspicious or distrustful of others
Appears withdrawn or depressed
Appears emotionally disturbed
Has a diagnosed mental illness

Parental Care: Cluster IV--4 items

Grossly inadequate protection from physical abuse, exploitation or exposure to dangerous situations
Grossly inadequate supervision or guidance
Grossly inadequate warmth and affection
Grossly inadequate concern regarding schooling

Child Traits: Cluster V--10 items

Is truant
Does not accept parental control
*Fights with siblings
Steals from parents
Runs away from home
Has few or no friends of own age group
Acts out sexually
Is withdrawn
*Has temper tantrums
Is chronic liar

Father's Relationship With Child: Cluster VI--6 items

Shows little concern for child(ren)
*Does not recognize individual needs and differences between children
*Is overly severe in punishments of child(ren)
Does not set limits for child(ren)
Is erratic in handling of child(ren)
Is not warm and affectionate with child(ren)

General Father Traits: Cluster VII--6 items

Has difficulty holding a job
Manages money poorly
Is suspicious or distrustful of others
Appears withdrawn or depressed
Appears emotionally disturbed
Has a diagnosed mental illness

Cluster scores were computed for each case on the basis of the presence or absence of each trait. The mother-only cases and the intact families were analyzed separately. For the mother-only sample, each of the five clusters differentiated placement and own home children. When the cluster scores were examined in combination, Background Factors, Child Traits and General Mother Traits together were strongly predictive of the decision. The other two clusters added little to the predictive power of these three. For the intact-family sample, only four of the seven individual clusters differentiated the two decision groups: Background Factors, General Mother Traits, Father's Relationship With Child and General Father Traits. When the cluster scores were examined in combination, it was a combination of General Father Traits, Background Factors and Child Traits that was strongly predictive of the decision.

Some children in the own home decision group had relatively high scores on one or more clusters. The question arose of whether these children would be likely to have continued difficulty that would

necessitate future placement. Subsequent to publication of the report summarized here this question was explored by comparing the incidence of placement during the next year of children in the own home group who were above a given score on one or more clusters with the rate of placement for the other own home children. For this purpose, day care cases and cases closed within a month of the decision were excluded. Approximately half the remaining children had scores that placed them in the "potential placement" group. Of this group 24% entered placement for some period during the year of study, as compared with 10% of the other children. These findings suggest that the clusters may be of some help to agencies in identifying cases with a high risk of placement and in allocating resources accordingly.

Case Decisions by Expert Judges

One further and important use was made of the Intake and Decision Schedules submitted in the initial study and reported in the earlier publication. Three highly experienced child welfare practitioners reviewed the schedules on 50 cases involving 94 children, expressed their opinions about the appropriate decision for each child, indicated the factors that led them to this decision, and noted information not covered on the schedule that they thought should be included. The judges agreed among themselves on slightly fewer than half the decisions, and in these instances they usually also agreed with the caseworker. They were influenced by many of the same factors that had differentiated the own home and placement cases. On the other hand, they disagreed on slightly more than half the decisions and showed considerable variation in the factors

they cited even when they were in agreement on their decisions.

In brief, the initial study of factors associated with placement decisions confirmed our impression of the need for greater consistency in the data gathered at intake. Although it identified a number of factors and clusters of factors that were differentially related to own home and placement decisions in the cases in the study, it underscored the complexity of the patterning of factors that must be taken into account in child welfare decisions. It revealed a modest level of agreement on the part of experienced practitioners about appropriate decisions and their determinants, but at the same time a disquieting range of opinions, which suggests that decisions crucial in the lives of children are strongly influenced by the predilections of individual workers and agencies. These findings add to the empirical evidence Carol Meyer has cited that "placement decisions are more than a little subject to the constraints of our limited knowledge, our value preferences and our professional biases."[3]

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[3]Carol H. Meyer, review of When Parents Fail, by Sanford N. Katz, Children Today, 1 (July-August 1972), 28.

Chapter 2

PRETEST OF INTAKE INTERVIEW OUTLINE

On the basis of the experience of the initial study, the intake schedule was converted into an intake interview outline designed to insure that information generally found important in intake decisions would be obtained in every case. There is difference of opinion about the desirability of structuring the intake interview in child welfare. It is the belief of the authors that a structured method of data gathering will provide a good basis for formulating a joint worker-client plan with all relevant facts at hand. As a number of social scientists have pointed out, although efforts at a standardized or structured approach involve the risk of inhibiting emotional involvement, such an approach is more likely to lead to complete coverage of all areas of concern, enable the interviewer to gain experience of typical and atypical responses in a systematic way, and provide basic material for case review and supervision.[1] Graham and Rutter have shown that some symptoms are more likely than others to come to the minds of parents who are asked in general about behavioral abnormalities in their children, and that far more symptoms are elicited with far more consistency by direct questioning.[2] Their research suggests a best-of-all-possible-worlds solution in which

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[1] See, for example, Stephen A. Richardson, Barbara Snell Dohrenwend and David Klein, Interviewing: Its Forms and Functions (New York: Basic Books, 1965).

[2] Philip Graham and Michael Rutter, "The Reliability and Validity of the Psychiatric Assessment of the Child: II. Interview With the Parent," British Journal of Psychiatry, CXIV (1968), 581-592.

a semistructured interview is used, with some structured questions recorded on the spot. This process makes possible the collection of information the mother does know and is prepared to reveal, and is more likely to produce valid information than a less-structured format. Our objective is a guide that will ensure consistent collection of important data but that will leave the caseworker free to explore particular areas of interest in greater detail than is dictated by the guide.

The Baltimore County Department of Social Services in Towson, Maryland, agreed to pretest this outline, and to make available to the Research Center both the completed outline and the narrative record of intake on each case in the pretest. The pretest served three purposes. It constituted a replication of the original study, thus yielding data for comparison with the earlier findings. It served as an opportunity to have the revised schedule used in actual practice and to learn the response of practitioners to its use. Finally, it provided the case material needed for further analysis of practitioner-judge decisions, which is discussed in Chapter 3.

Factors Differentiating Own Home and Placement Decisions

The schedule was to be used for all cases coming to child welfare intake in relation to requests for homemaker service, protective service or placement. The types of requests excluded from the original study were again excluded,[3] as were requests for day care. From March 11 to

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[3]Requests for service only for children above the age of 16 (above the age of 14 in the original study), postplacement service, adoptive placement, service for an expectant unwed mother or for an unborn child, and service because of a child's physical handicap or mental retardation.

July 30, 1971, a sample of 26 "ideal" own home and 24 "ideal" placement cases were collected. The Baltimore County sample differed in several respects from the original study group. A major difference was the absence of AFDC cases, due to the fact that requests for child welfare service for AFDC families are handled directly by the AFDC worker. Consequently the new sample included a much smaller proportion of female-headed households and a much larger proportion of intact families. The Baltimore County cases were more likely to have been referred by a law enforcement or social agency, and less likely to have been referred by parents or relatives. A larger proportion of the cases were referred because of abuse or neglect, and a smaller proportion came to the attention of the agency because of an emotional problem of a parent.

Despite these differences in the two samples, many of the same factors that differentiated ideal own home service and placement cases in the original sample were found to apply to the smaller Baltimore County group. Again, somewhat more own home children were in a household comprising only the two parents and their children, while a higher proportion of the placement children lived in a household that included other adults as well as the parents. Somewhat more of the placement children were receiving most of their care from someone other than their parents, although the number of such children was small in both decision groups. The placement cases were likely to have fewer children in need of service, to have study children already out of the household, and to have other children in placement.

As in the larger sample, referrals from friends, neighbors and relatives accounted for a greater proportion of the own home cases than of the placement cases, while agency referrals accounted for a higher proportion of the placement than of the own home cases. For both samples, placement was most often the service requested by the caretaking adult in placement cases, while in own home service cases practically a third of the parents wanted no service at all. The advent of the presenting problem showed an almost identical distribution for the two samples, with the problem in placement cases more often representing intensification of a long-standing problem.

In both samples, mothers in placement decision cases were more often separated from the fathers. A larger proportion had been hospitalized for mental illness, and more were evaluated by the caseworkers as appearing emotionally disturbed. As in the larger sample, the mothers in the Baltimore County placement cases were more often characterized as showing little concern for children, not setting limits, not being warm and affectionate and appearing withdrawn and depressed. On other characteristics of the mothers that differentiated placement and own home cases in the original study, the Baltimore County findings were in the same direction, but the differences between the two decision groups were not significant. As in the previous study, far more placement mothers in the Baltimore County sample were described as having a high degree of recognition of own part in the problem and desire for change, and a low degree of ability to verbalize. In Baltimore County, however, each of these items was distributed bimodally in placement cases, probably because some

actively sought placement and others were referred for this service contrary to their wishes. Only on ability to manage money was there a significant difference between the fathers in own home and placement cases, and, as in the initial study, it was the fathers in the placement group who had more negative ratings. Unlike the original sample, the fathers in placement cases on the whole evidenced less pathology than was apparent among the fathers in own home service cases and showed as high a degree of concern about the problem. The relative adequacy of the latter may have been due in part at least to the fact that some of the children entered placement simply because the mother was out of the home and the father worked at night when homemaker service was not available.

The generally high level of adequacy of parental care of children found in the earlier sample was not sustained in the Baltimore County group, where the modal rating was "somewhat inadequate." Again, however, the placement children were more likely to receive grossly inadequate warmth and affection, supervision and guidance, and protection from abuse.

Information on the characteristics of the children was much more complete in the Baltimore County cases where the intake interview outline was used. Although in a few instances the parents' responses were contradicted by information from other sources considered reliable, the degree of agreement was in general high enough to indicate that accurate data can be collected from the parents during the initial contact. Of the 13 items that differentiated the placement and own home children in the earlier study, six also differentiated the two decision groups in the new sample, four showed substantial but nonsignificant differences in the same direction, and three showed no such pattern. The items significant for

this sample were:

Steals from parents
Has run away from home
Has few or no friends of own age
Is aggressive and gets in many fights
Gets in trouble because of sexual behavior
Lies all the time

When the Baltimore County cases were analyzed, grouping the data into the clusters of items used earlier, the placement and own home cases were found to differ significantly on all clusters except those dealing with the father. The Background Factors cluster was by far the strongest predictor.

In summary, the small sample of cases from Baltimore County lent considerable support to the earlier findings with regard to factors and clusters of factors associated with placement decisions, despite the differences in composition of the two samples.

Practitioner Response to Use of the Interview Outline

The caseworkers were given the option of following the interview outline and expanding on it as needed, or conducting the interview without reference to the outline so long as all the material on the form was covered. Seven workers, only one of whom had an MSW, used the guide, and three workers, all with MSW's, did not use the guide in conducting the interviews, but the latter group conducted only three of more than 70 interviews held in the course of accumulating the study cases.

At the conclusion of the pretest each of the caseworkers was interviewed by the study director to elicit his or her reactions to use of the interview outline. Half the caseworkers reported that the interviews

took somewhat longer--about half an hour on the average--than previous intake contacts on similar cases. There was general agreement, however, that the guide had led to the accumulation of more information than ordinarily obtained in an initial interview, particularly on the characteristics of the children and the families' handling of the children, and that none of the material was particularly difficult to obtain. Most of the workers found the added material helpful in that it gave a better picture of the family. There was almost complete agreement that the guide was useful in deciding whether to give service and whether the service should be placement. The sections dealing with the children's characteristics and requiring the worker to assess the parents and the care they provide were found particularly helpful to the workers in crystalizing their impressions of the family as a basis for specifying treatment objectives.

Most of the workers followed the format of the outline closely, and seven of the 10 reported no discomfort with the questions. Two objected to the formality introduced and one was uncomfortable about inquiring into family income. The phrasing of several questions was mentioned as difficult for the client to understand, but there was little overlap among the workers in the questions cited in this context.

Eight of the 10 workers indicated that the form adequately covered the material needed during the initial contact, with the other two feeling the need for greater depth of information. When the workers were asked for suggestions on revision of the form, they made several proposals for additions and deletions. Particularly in making placement decisions, the

caseworkers saw the need for collateral information from schools, hospitals, courts and other social agencies.

The validity of data gathered through use of such a structured form is a matter of concern. Five workers felt that in a structured interview clients would be more likely to report what the workers wanted to hear, but four took the opposite stand. Clearly, the form operates more effectively in some cases than in others. It is ill adapted for clients who are in poor contact with reality, severely disturbed emotionally or severely retarded. The workers were in less agreement in regard to its usefulness in protective cases, with some holding that involuntary clients were more resistant to such a structured interview. The form was found particularly helpful in placement requests because of the amount of information gathered on the child.

The form called for a decision at the conclusion of the first inperson interview, unless specific additional information was needed. Although the caseworkers indicated that collateral information was frequently desirable, that both parents should be interviewed if available, and that the child should be seen before a placement decision was made, in only four of the study cases did the worker defer the decision.

A major concern that has been expressed about the use of a structured intake interview is that it might increase the client's anxiety and hinder the development of a good relationship between client and caseworker. Two of the workers who used the form thought it increased client anxiety but attributed that effect to their own unease with forms. The five others who adhered to the form thought that it lessened anxiety, and all

seven believed that it facilitated the casework relationship. The advantage of the structured interview was that, though making the contact less personal, it permitted the caseworker to demonstrate interest by gathering a good deal of information, both positive and negative, about the family in an organized and objective fashion. Because of the greater range of information available early in contact, five of the seven workers stated that they would rather use the guide in the future than return to an unstructured interview.

Reactions were mixed on the feasibility of using the intake guide as a substitute for narrative recording. Two of the 10 caseworkers had no reservations about this, while three raised serious questions because of the lack of a place to record information on feeling tone and client appearance. The other five said that the form would suffice only if it were expanded to include information from collateral contacts and general impressions of family members.

In summary, use of the interview guide in the pretest was received positively by most of the caseworkers, and in no case was an adverse client reaction encountered. It led to collection of a wider range of information in the initial client interview and so facilitated treatment planning. If used with flexibility and designed to include space for recording collateral information and impressions of the client, it might substitute adequately for narrative recording.

Chapter 3

FACTORS IN JUDGES' OWN HOME/PLACEMENT DECISIONS

As indicated in Chapter 1, review of completed intake schedules from the original study by experienced practitioners had lent some corroboration to our findings with respect to the factors that differentiated statistically between own home and placement decisions. It also indicated considerable variation among the judges on the decisions in individual cases and in the reasons given for particular decisions. The judges were handicapped however, because the schedules, filled out by the caseworkers retrospectively, were frequently incomplete. Use of the intake guide directly in conducting the intake interviews in the Baltimore County pretest resulted in much more consistently available information.

The pretest in the Baltimore County agency provided case material that permitted not only further analysis of practitioner-judge agreement about appropriate case decisions, but a comparison of the utility of the structured intake interview form with that of the case record as the basis for such decisions. On each family the worker submitted not only the completed form but a copy of collateral material and a copy of the narrative record of the intake interview.

Six judges, each having more than 10 years' experience in child welfare, including both direct practice and supervision or consultation, were selected to review the cases. Two of the 50 pretest cases were given to the judges to review prior to a training session with the study director. The judges were asked to answer the following questions on the basis of the material available to them:

1. Given optimum resources, should the child be placed or receive service in his own home?

2. What type of placement setting or combination of own home services should be provided?

3. If the ideal plan for the child cannot be effected due to a lack of resources or parental resistance, what alternate plan would you recommend?

4. Which five principal factors led you to decide to place or not to place the child?

5. What information not available in the material reviewed might have led you to shift from placement to an own home service decision or vice versa?

6. With what degree of certainty was the ideal decision made for the child?

During the training sessions questions of interpretation were reviewed and the remaining 48 cases distributed.

To explore how the material available affected the decisions, the six judges were paired at random prior to the assignment of case material. Each pair of judges was given the same cases but each of the three pairs was given a different form of the material on a particular case. One pair was given the completed form plus a brief summary of the referral and collateral material if such material was available. A second pair received the completed form, the full referral and collateral material, and the caseworker's recording. The third pair was given the full referral and collateral material and the recording, but not the intake form.

These three types of presentations were systematically varied by case so that each pair of judges had one-third of its cases within each format.

Interjudge Agreement

The judges were asked to make decisions on 127 children in the 48 study cases. As is apparent from Table 3.1, the judges varied widely in the number of children for whom they selected placement or own home service. Judges 4 and 5 differed most from the caseworkers and the other judges, with Judge 4 recommending own home service for 106 of the 127 children and Judge 5 making this choice for only 36.

Table 3.1

Distribution of Decisions by
Each Judge and by the Caseworker

	Placement	Own Home
Judge 1	67	60
Judge 2	55	72
Judge 3	43	84
Judge 4	21	106
Judge 5	91	36
Judge 6	62	65
Caseworker	48	79

Despite the difference in the number of own home and placement decisions made by the various judges, their agreement on individual children was considerably higher than chance. Table 3.2 shows the number of judges making an own home decision for each child. None of the judges selected own home service for 11% of the children and all selected it for 21%.

Thus for slightly less than one-third of the children, the six judges were in complete agreement. If one lowers the level of expectation to agreement of five of the six judges on an own home or a placement decision, then 55% of the cases meet this condition.

Table 3.2

Number of Judges Making Own Home Decision on Each Child

None (All Agree Placement)	One	Two	Three	Four	Five	Six (All Agree Own Home)
14	13	18	23	16	17	26
11%	10%	14%	18%	13%	13%	21%

A third approach to measurement of interjudge agreement was to compare, on a child-by-child basis, the agreement of each judge's decisions with those of every other judge. The data are summarized in Table 3.3. As may be noted, the chi-square indicates a degree of agreement better than chance for each of the 15 pairs. Similarly, the Pearson's contingency coefficient C value indicates a fair agreement level, but clearly also indicates substantial variation between judges.

Within the decision to place the child or provide service in own home, there was considerable variation among judges on what type of own home service or placement service was appropriate. Despite the differences on particular children, all but one judge used foster family homes as the predominant resource. Fifty-four percent of all 339 placement decisions were for foster family care, 22% were for placement in group homes or

institutions for dependent children, and 16% were for placement in institutions for the emotionally disturbed. Thus these three placement resource types included over 90% of all placement decisions, while less than 10% of the children were to be placed with relatives, the other parent, in institutions for the mentally retarded, or in other settings.

Table 3.3

Pairwise Comparison of Judges' Decisions by Child

Pair of Judges	Decisions (N=127) PL/PL	PL/OH	OH/PL	OH/OH	X^2*	C**
2/1	40	15	27	45	14.14	0.32
3/1	32	11	35	49	10.96	0.28
4/1	19	2	48	58	12.61	0.30
5/1	59	32	8	28	17.12	0.34
6/1	48	14	19	46	27.66	0.42
3/2	32	11	23	61	23.75	0.40
4/2	17	4	38	68	12.74	0.30
5/2	52	39	3	33	23.08	0.39
6/2	47	15	8	57	57.26	0.56
4/3	16	5	27	79	17.93	0.35
5/3	38	53	5	31	7.74	0.24
6/3	33	29	10	55	18.64	0.36
5/4	21	70	0	36	8.35	0.25
6/4	18	44	3	62	12.00	0.29
6/5	61	1	30	35	40.09	0.49

*Any value above 6.64 has a probability of <.01.
**Has an upper limit of 0.707 on 2 x 2 tables.

Within own home service decisions the judges could provide the family with multiple services. Thus the same case might be given counseling, homemaker service, day care service, etc. Despite this possibility, for most families of own home children the decisions called for few services, with 18% to receive one, 30% to receive two, and 17% to receive three services. Some judges had a tendency to recommend more types of service than others. As one might expect, counseling was specified as an aspect of service in virtually all own home decisions, though only 17% of the judges' decisions listed this service alone. It is noteworthy that in less than 10% of the own home decisions was homemaker service to be provided, and in no case was it the sole service. A significant number of own home decisions listed the need for psychological and psychiatric service to help formulate further plans for ongoing services. Recreational opportunities, tutoring and medical services were also listed by many judges as needed services. Other services mentioned, though less often, were vocational counseling, legal service, group therapy, financial assistance and big-brother services. Although not a startling finding, this seems to show that counseling is the core own home service around which a range of other supportive service options are provided.

Effect of Form of Available Material

As has been noted, a major area of interest was the effect of the type of available information upon the agreement between judges on their decisions. The three types of presentations were systematically varied by case so that on every case each pair of judges had one of the three formats and so that each pair of judges had one-third of its cases within

each format. To review, the formats were:

1. Form plus referral-collateral summary ("form only").
2. Form plus full referral-collateral material plus case recording ("form plus record").
3. Full referral-collateral material plus case recording ("record only").

Table 3.4 shows the degree of agreement between each pair of judges. Agreements include both own home agreements and placement agreements.

Table 3.4

Percent of Agreement by Format and Pair of Judges

Format	Percent Agreement	
Form only		
Judges 1 & 2	75)	
Judges 3 & 4	74)	75%
Judges 5 & 6	77)	
Form plus record		
Judges 1 & 2	62)	
Judges 3 & 4	83)	75%
Judges 5 & 6	78)	
Record only		
Judges 1 & 2	65)	
Judges 3 & 4	67)	68%
Judges 5 & 6	73)	

The table shows that the most consistent results among pairs of judges were found within the format that provided the form supplemented by a brief referral and collateral summary (form only). Each pair of judges using this format agreed about three-fourths of the time. When the pairs of judges were presented with the form plus the record, a rather mixed

result occurred. For one pair (judges 1 & 2) the inclusion of all material decreased the level of agreement; for the second set (judges 3 & 4) it increased the level of agreement; and for the third set of judges the level of agreement remained virtually unchanged. No data are available that would explain the larger discrepancies between pairs of judges within this format. The third format, in which judges were provided with case record only, yielded the lowest level of agreement. Although the level of agreement was not significantly different for the three formats, the degree of judges' agreement within the form plus referral-collateral summary format suggests that the intake interview form does help in moving judges toward more consistent decisions.

Factors Influencing Judges' Decisions

Because of difference among judges about the appropriate decision for any one child, it seemed important to explore what factors the judges reported most often as leading them to their decisions. Although the judges were asked to list only the five principal factors, they extended the list by reporting as one factor items that referred both to mother and father. The researchers coded a maximum of seven responses, with an effort made to give precedence to different subject areas over the repetition of one subject area for different family members. Because we gave precedence to mother items when both parents were cited, items on father characteristics may be somewhat underrepresented in relation to their true position.

Responses from all judges were tallied and ranked to identify factors repeatedly mentioned. Table 3.5 gives the ranking of the 12 items

cited most frequently.

Table 3.5

Ranking of Principal Factors in Decision Making

Item		Rank
a.	Mother's degree of concern for children	1
b.	Adequacy of parental supervision and guidance	2
c.	Father's degree of concern for children	3
d.	Mother's degree of concern about current problem	4
e.	Evaluation of child's emotional state	5
f.	Father's degree of concern about current problem	6
g.	What the client would like the agency to do	7.5
h.	Adequacy of parental warmth and affection	7.5
i.	Adequacy of protection from physical abuse, exploitation or exposure to dangerous situations	9
j.	Primary reason for request as perceived by worker	10
k.	Mother appears emotionally disturbed	11.5
l.	Mother's desire for change	11.5

The five most prominent items for the earlier judging phase reappear (in a somewhat different order) among the principal factors listed in the table (b, d, h, i and l). Again, there is reliance upon general descriptions of parental care and on assessments of mother's attitude toward the problem. The most startling difference from the previous judges is that for the second group of judges both the mother's and father's degree of concern about the children was an important item in defining the decision, and neither of these appeared in the 10 principal factors cited by the other group of judges. Moreover, there was a far

greater focus upon the child's emotional state, as indicated by its frequently being cited as a factor in the decision.

Of interest is the extent to which the judges identified items also found to differentiate statistically between the caseworkers' own home and placement decisions. Of the 10 most cited factors, all but two were found to differentiate statistically between own home and placement cases. The items "adequacy of protection from physical abuse, exploitation or exposure to dangerous situations," and "father's concern about problem" did not differentiate significantly for either the total scale or any single response.

The reader should be aware that it is not always an entire item but a particular response that differentiated the type of case. For example, the primary reason for the request as perceived by the worker was relevant only if it was seen as abuse and neglect. On the other hand, an item such as "degree of concern for child" differentiated regardless of whether it was positive or negative. To clarify this aspect it is well to look separately at the specific responses that were the most prominent items for own home and placement decisions.

Table 3.6 shows the ranking of important items supporting own home decisions and Table 3.7 gives the ranking for placement decisions. Asterisked items appear on both tables, although not necessarily at the same rank.

Table 3.6

Items Cited by Judges in Supporting Own Home Decisions

Item		Rank
*a.	Mother shows concern for children	1
b.	Father shows concern for children	2
c.	Mother has concern about problem	3
d.	Father has concern about problem	4
*e.	Child's emotional state is normal	5
f.	No evidence of abuse or neglect or insufficient evidence to remove child	6
g.	Mother's responsiveness to worker suggestions is positive	7
h.	Mother's desire for change is positive	8
i.	Age of child--older than 5	9.5
*j.	Client requests service other than placement	9.5
*k.	Parental supervision and guidance is adequate	11.5
*l.	Parental warmth and affection is adequate	11.5

Table 3.7

Items Cited by Judges in Supporting Placement Decisions

Item		Rank
*a.	Parental supervision and guidance is inadequate	1
b.	Primary reason for request perceived by workers (principally abuse and neglect)	2
c.	Protection from physical abuse, exploitation or exposure to dangerous situations is grossly inadequate	3
d.	Mother appears emotionally disturbed	4
*e.	Mother shows little concern for children	5
f.	Mother's recognition of own part in problem is low	6
*g.	Child's emotional state is disturbed	7
h.	Family dissolution (intense family conflict or desertion by mother)	8
*i.	Parental warmth and affection is inadequate	9
*j.	Client requests placement	10
k.	Mother is erratic in handling of children	11
l.	Problem is chronic	12

As one can see from the starred items on the tables, five items appear on both lists, with the positive aspect on the own home list and the negative aspect on the placement list. In addition, items b and c on the placement list are negative counterparts of item f on the own home list. With the exception of "child's emotional state," all items appearing on both lists are a part of the previously developed clusters that were found in the initial study to be predictive of workers' decisions, as also described in Chapter 1. Three-quarters of all items on each list were also among those significantly associated with the decision on whether or not to place.

The variation between the two lists in the items included and in the ranking of the items that appear on both lists suggests that judges look to a somewhat different cluster of events in coming to an own home decision versus a placement decision. It is noteworthy that, although father's concern for children and concern about the problem appear in the own home decision list, no father items appear in the placement listing. Another point of note is that individual judges may differ in the items or events they focus on in coming to decisions. Tables 3.8 and 3.9 show the extent of different item use in own home and placement decisions on each judge's 10 most cited items.

For own home decisions, the "first-10" lists of the judges included an additional 17 items cited by only one judge. Similarly for placement decisions, an additional 16 such items were among the first-10 lists for single judges.

Table 3.8

Items Among 10 Most Often Cited by at Least
2 Judges on Own Home Decisions

Among first 10 items for all 6 judges

Father shows concern for children

Among first 10 for 5 of 6 judges

Mother shows concern for children
Mother has high or moderate concern about problem

Among first 10 for 4 of 6 judges

Father shows high or moderate concern about problem
No evidence of abuse or neglect/insufficient evidence to remove, needs further study
Mother has high or moderate responsiveness to worker suggestions

Among first 10 for 3 of 6 judges

Child's emotional state normal or somewhat disturbed
Father has high or moderate responsiveness to worker suggestions

Among first 10 for 2 of 6 judges

Parental warmth and affection adequate or somewhat inadequate
Parental supervision and guidance adequate or somewhat inadequate
Client wants counseling from the agency
Mother shows high or moderate desire for change
Age of child (ranging from 1 year to over 18)
Child's pathology not severe

Table 3.9

Items Among 10 Most Often Cited by at Least
2 Judges on Placement Decisions

Among first 10 items for all 6 judges

Parental supervision and guidance somewhat or grossly inadequate

Among first 10 items for 4 of 6 judges (there were none for 5 of 6)

Parental protection from physical abuse, exploitation or exposure to dangerous situations somewhat or grossly inadequate
Mother shows little concern for children
Child's emotional state somewhat or markedly disturbed, or psychotic
Mother appears emotionally disturbed

Among first 10 items for 3 of 6 judges

Mother shows little or no recognition of own part in problem
Problem is chronic (little recent change or intensified/reactivated)

Among first 10 items for 2 of 6 judges

Primary reason for request for service was abuse/neglect
Parental warmth and affection somewhat or grossly inadequate
Client wishes placement
Father shows high, low or no concern about problem
Mother shows low or no desire for change
Mother deserted family
Father shows moderate, low or no recognition of own part in problem
Age of child (ranging from 1 year to 15)
Father has a drinking problem

The mother's degree of concern for her children, adequacy of parental protection from abuse or neglect, and the child's emotional state were among the 10 most cited items for at least half the judges, regardless of decision. Other areas identified by two or more judges as important among both placement and own home cases were:

Adequacy of parental supervision and guidance
Adequacy of parental warmth and affection
Service client wanted from agency
Age of child
Father's concern about problem
Mother's desire for change

Of the 14 subject areas cited by any two or more judges in support of their own home decisions all but three were items that had been found in this sample to differentiate significantly between own home and placement children. One of the three nonsignificant items, "no evidence of abuse or neglect" is a cited subject area on which a casework judgment was not available. The other two, father's concern about the child and child's age, had been shown not to differentiate significantly between own home and placement cases. In contrast to the areas cited by more than one judge, of the 17 items that were cited by only one judge, less than half had been found to be significantly associated with the type of decision.

Similarly, of the 16 items cited most often by more than one judge in placement decisions, 13 were areas in which significant differences were found. Of the 16 items identified by only one judge, only one-quarter had yielded significant differences. Thus it is clear that for both samples the items that more than one judge felt to be relevant tended to differentiate statistically, while those were idiosyncratic to judges

were not likely to be significant. Again, there appears to be a core of items that most judges identify as relevant to decision making. Beyond that core the variation in the items identified as important may be stimulated by different value systems, education or experience.

The reader is cautioned that the same general area may be cited from different perspectives by different judges. Thus, one judge may relate to the youth of a child as indicating a need for placement and another judge may see it as a reason not to place a child. It is therefore important for the reader to be aware that what is being identified here are areas of concern rather than particular responses.

One further difference related to the type of material available to the judges when making their decisions should be noted. In cases where only recording was available, far fewer items were mentioned and a much narrower range of material was cited as supportive of the decision. With regard to the number of items cited, the fact that a significantly higher proportion of decisions were supported by four or more factors in those cases in which judges had other material besides the recording suggests a possible paucity of material in the recording. This is further indicated by the fact that 11 of 13 cases in which "insufficient information to take action" was listed as the principal factor in the own home decisions were cases in which only the recording was available. Specific items on mothers', fathers', and children's behavior or attitudes were particularly lacking among the recording-only group.

Material Judges Wanted That Was Not Available

Judges were asked what information not available to them might have led them to modify an ideal decision from own home service to placement or vice versa. This question represented an attempt to find out what additional information should be part of the data upon which a decision is based. In 47% of all decisions the judges felt that added material might have led them to alter their decision. Despite the fact that in cases where the form was available more reasons for decision were cited, a significantly higher proportion of the cases in which additional data might have modified the decision were cases in which only the form was used.

The material judges thought was lacking falls within three categories: 1) information available on the form but not available in the case recording; 2) information available on the form but not sufficiently detailed to be adequate to the judges' needs; 3) material not on the form because the subject area was not covered on the form. Since the first type of omission merely represents the caseworkers' failure to record information available to them, we shall not review those responses. With regard to type 2, more detailed information was desired on children's behavioral problems, on parental physical or mental difficulties, on prognosis regarding illness, on the history of the current problem, and on the availability of relatives. Such material may have been available to the worker, since the worker had been encouraged to explore difficulties in greater detail than was indicated on the form. However, its omission from the form is of concern with respect to the question of whether the form might serve as a substitute for recording.

Type 3 omissions are far more serious, since they represent areas that were not covered on the form but that the judges considered important to adequate decision making. The major type 3 problem cited by the judges was the lack of contact with the child and the lack of material on how the child perceived the problem and what he would like done. Information regarding the child's relationship with the parent (as against the parent's relationship with the child) and with his siblings and school reports, psychiatric evaluation, psychological and medical reports were all suggested as necessary to a proper evaluation of the child. It is possible that a separate section of the intake schedule should be developed to assure exploration, when appropriate, of the feelings and attitudes of the children, and that more adequate provision should be made for recording collateral material. However, since relatively few children are seen prior to decision making, the value of developing questions to be asked the children directly is dubious. There is no doubt, however, that it would be good to encourage obtaining school reports and arranging unstructured contacts with the children prior to decision making.

Another group of items on which the judges wished information related to absent parents and their ability to provide care to the children. Similarly, the parents' ability to benefit from treatment was an area in which judges wanted more information. It is doubtful whether such questions can be adequately answered in the first interview contact, granted that absent parents should be sought out and parents' abilities to respond should be tested. It is important to note, however, that these actions imply delay of decision and are possible only if a decision need not be made imediately.

Two other subjects on which the judges cited lack of information on the form were each parent's early history and the "feeling tone" of the interview. We question the helpfulness of such information in the decision process, but agencies may wish to add these items if they are of particular interest to staff.

Aspects of the form that the judges found particularly helpful were the consolidation of information in the worker evaluation section and the greater amount of information available on the child's characteristics.

It is likely that much of the material on the cases was gathered in far greater detail than was reported on the form. The form was a suggested format within which to proceed, and workers were encouraged to delve more deeply into any area in which further information seemed indicated. The point therefore must be made that the form represents the minimum, not the maximum, amount of information to be gathered on a case. It further represents an effort to assure the collection of data associated with placement so that an adequate assessment of the risk of placement is possible. Clearly, however, ways of assessing the impact of the child's feelings upon the decision making process might well be explored.

The Decision Path

Because of the possible substantial difference among judges on what to do with cases, we attempted to get some estimate of how committed the judges were to their decisions. For example, if one type of placement were not available, would they seek another form of placement or would they seek an own home service alternative? Because the judges tended initially to call upon more than one type of resource in own home cases,

one would anticipate that the own home case would be less likely to receive an alternate form of own home service if the form of service designated was not available. Of the 423 own home ideal decisions, the alternate plan designated for 42 children was no provision of service; for 189 children it was a different type of own home service; and for the other 192 children (45%), the alternate decision was placement.

Among the 339 placement decisions, the alternate plan for one child was no service; for 308 children, another form of placement; and for only 30 children (9%) was it own home service. The placement group thus is a far more stable decision group. For whatever reason, these findings represent a clear shift from the previous judging phase, in which own home service was the alternate decision for 37% of the placement decisions (vs. 9% for the current sample), and placement was the second choice for 35% of the own home decisions (45% for the current sample). This was not, however, a function of judges' security about the decisions, since previously 85% of the decisions were categorized as very or fairly certain, while the current judges were very or fairly certain of 79% of their decisions.

The material from the six judges gives substantial support for the position that there is a body of information particularly relevant to the decision on whether to place. It is clear that items expert judges agree are important are also shown by analysis of current practice to be important. Despite the general agreement among judges on what material was important, considerable variation was found on decisions for particular children and the rationale given for them. It would appear that, beyond common recognition of certain data that are important, individual judges

pursue different lines of inquiry stimulated by different value perspectives and ultimately leading to differing conclusions. These differences, however, should not detract from the obvious usefulness of a form that facilitates collection of data generally found to be relevant to decisions.

Chapter 4

FIELD TEST OF REVISED INTAKE OUTLINE

Analysis of data from the pretest of the intake interview guide, as well as contacts with the caseworkers who had conducted those interviews, indicated that it would be valuable to continue the development of an intake instrument. Accordingly the form was revised to include new areas suggested by the workers or judges. Items of dubious value were eliminated and the order of items was changed. The form was also modified so that it might more adequately serve as the case record. This meant that more material was included about family members, their whereabouts, work history, and the like. The revised form provided space on every page for noting collateral information either amplifying or contradicting client responses. Provision was made for workers to record relevant material about the appearance of the parents or children, as well as information on resources the agency might find helpful in working with the family. These changes represented an effort to meet some of the concerns expressed by workers during the Baltimore County pretest.

A decision to field test the revised instrument on a broader scale, both numerically and geographically, led the League to seek the participation of several large public agencies throughout the country. Agencies in Los Angeles County, New York City and St. Louis agreed to take part. These agencies were:

Bureau of Child Welfare, New York City Department of Social Services

Division of Children's Services, Department of Welfare, City of St. Louis

Family and Children's Services, Los Angeles County Department of Public Social Services

Family Service Unit, Missouri Division of Welfare, St. Louis

The instrument was tested and worker reaction to its use obtained in these agencies between March and July 1972. Although initially the use of big city agencies seemed advantageous, it turned out that research in such settings is hampered by the very size of the organizations and the resulting problems of control.

In St. Louis it was necessary to involve two agencies, inasmuch as only the placement function is handled by the Division of Children's Services of the City Department of Welfare, while issues relating to abuse and neglect are handled by the Family Service Unit of the Missouri Division of Welfare. We were fortunate in enlisting the aid of both agencies. As one might expect, given the nature of these units, their case handling was quite different, with the Division of Children's Services placing 67% of its intake and the Family Service Unit providing own home service in 85% of its abuse and neglect investigations. In both agencies the form was reviewed extensively with the administrators, who in turn discussed its use in intake interviews with their staffs.

The diversity of intake functions in child welfare agencies was further mirrored in the different programs represented in the Los Angeles field test. Because of the size of the agency and its decentralized structure, it was planned to restrict the field test to selected offices that handled predominantly placement requests, court studies to determine service needs, and abuse and neglect referrals. In view of the paucity of cases collected in the units originally selected, all offices were

subsequently requested to interview all incoming cases, using the guide, until 10 interviews were completed in each. This resulted in about one-third of the forms being eliminated, since the requests did not meet our criteria or the cases were to receive no further service. In Los Angeles, as in St. Louis, the form was reviewed with the central administrative staff, who accepted responsibility for its distribution and implementation. An interoffice memo describing the form's use and stressing that it should be completed during the first inperson contact was developed by the central administration and the study director.

In New York City, despite discussion with the administrative staff of the Bureau of Child Welfare and individual visits to each of the district offices to review the form with the workers, most workers did not participate in the research. Only one local office provided a substantial number of completed forms. These forms were completed mainly by units handling homemaker requests and abuse or neglect referrals.

As is clear from the foregoing, the material from the different locations is not directly comparable because of the differences in the types of cases. The cases do, however, as a total group represent a range of child welfare services and our analysis will therefore deal with the combined group. Of the 456 children in the field test, data on 177 came from the St. Louis agencies, on 93 from the New York City agency, and on 186 from the Los Angeles agency.

It should be noted that requests for certain child welfare services

continued to be excluded from this phase of the study.[1] In this field test, however, cases were included when the initial inperson interview was held with persons other than parents if these persons were acting as parents to the children. Thus relatives and nonrelatives who were customarily providing the home environment for the child were treated as if they were the parents. In previous phases such cases were not included in the study. A review of these cases showed that the basis of case decisions was not radically different from that of case decisions for the child's own family. Similarly, the man (or woman) in the house was treated as though he (she) was the father (mother) in the household.

Service Requests and Family Circumstances

As in the pretest, the source of referral differentiated between own home and placement cases. However, possibly due to the differences in the relationship between referral sources and agencies in the two samples, the same referral source may have a different impact upon decisions in each setting. Thus, this item would appear to be a reflection of the nature of the particular child welfare network in a given area. Similarly, in each sample (the original sample, the pretest and the field test) the reason for the request was associated with the decision made, but the same reason was not necessarily associated with the same decision in the three phases of the study. Most clear across the three samples was the fact

[1]As in the previous phases of the study, requests for postplacement service, adoptive placement, service for an unwed mother or for an unborn child, service because of a child's physical handicap or mental retardation, and service only for children above the age of 16 (above the age of 14 in the original study) were excluded.

that primary contact because of the child's emotional or behavioral problems was more likely to lead to placement. The decision was also associated in all three samples with the service the mother (or other caretaking adult) wanted; counseling or financial assistance was more likely to be sought among own home service cases, and placement was desired more frequently among placement cases. Again, the problem was more likely to represent an intensification of a long-standing problem in the case of placement children.

Although the household composition was significantly related to the decision in both the original sample and the pretest sample, for the field test group household composition was not associated with the decision. However, the question of who assumes the major responsibility for the care of the children was again a differentiating factor. In all three samples mothers were more likely to be the providers of care in cases that received own home service decisions.

The families of placement children were again likely to be smaller and to have fewer children in need of service. Children for whom a placement decision was made were far more likely to be out of the household at the point of decision (40% vs. 15%) and were more likely to come from a family in which at least one of the children had been in placement for more than 90 days.

In all three samples the families of placement children were likely to have sought help from more sources and to have fewer resources currently from which they could seek help. However, possibly because of the involuntary nature of the contact in two of the samples, placement cases were also somewhat more likely to have sought no help prior to the referral.

As the reader will recall, the pretest sample was devoid of families on public assistance. Both in the original sample and in the field test sample, however, the placement client was significantly more likely to be receiving public assistance and to have received such help for a longer period. Placement families in all three samples had a significantly lower level of income.

Characteristics of the Mother

In both the pretest and the field test, the mothers of placement children were more likely to be in poor health. They were also more likely in all three samples to have been hospitalized for mental illness, and to be evaluated by the workers as appearing emotionally disturbed and appearing withdrawn or depressed. In the original sample and the field test sample, the placement mothers were more often characterized as having a diagnosed mental illness, as being suspicious or distrustful, and as being impulsive ("do things on spur of moment without thinking"). As is probably no surprise given this reported pathology, mothers of placement children were more likely in the original and field test samples to be reported as having difficulty holding a job. In both the pretest and field test samples, a history of drug use was significantly more likely among mothers of placement children.

Significant differences in workers' reports of the mothers' relationship to the children were also found in all three samples. More placement mothers were reported as showing little concern for children, as not being warm and affectionate with children, and as not setting

limits for them. Further, in the original sample and the field test, placement mothers were more likely to be characterized as erratic in handling children.

As has been noted in discussing the pretest, mother attitudes present a somewhat anomalous distribution, with both strongly positive and strongly negative attitudes associated with placement decisions. This may reflect the fact that in some cases parents see placement as the solution to their problem, while in other cases placement represents an involuntary removal from a family hostile to the decision. For all three samples the desire for change, the ability to verbalize feelings, and recognition of own part in problem were associated with the decision to place a child. On the other hand, for the pretest and field test samples little or no concern about the problem was also associated with a placement decision, as was a lack of responsiveness to worker suggestions.

Characteristics of the Father

As was noted earlier, the pretest sample included a sizable group of intact families and a substantial proportion of fathers who did not show extensive pathology. This was possibly the reason that few of the father characteristics identified in the original sample reappeared in the pretest as associated with the decision to place. The field test sample was more like the original sample in the small proportion of intact families and in the number of father characteristics that differentiated placement decisions. The race of the father (black), his religion (Protestant or none) and employment status (jobless) differentiated placement from own home decisions for the original and field test samples. For both the pretest

and the field test samples, the health of the fathers of placement children was significantly poorer, though this was not found among the original sample cases. The pretest and field test samples had more placement fathers who were reported to manage money poorly. Although in neither the pretest nor the field test were fathers of placement children significantly more likely to be reported as mentally ill, in all three samples they were more likely to be reported as suspicious or distrustful of others and, for the original and the field test, to drink excessively.

In the father's relationship with the child, the field test showed significantly more negative traits among placement fathers. Differences were found significant for the following items, which also differentiated own home and placement decisions in the original sample:

Shows little concern for children
Is not warm and affectionate with children
Places excessive responsibility on children
Does not set limits for children
Is extremely lax in discipline of children

In the attitude area, the father's degree of concern about the problem and his desire for change were significantly associated with the decision. However, as with the mother, the particular intensity of attitude that differentiated varied by setting and probably was reflective of the nature of the request rather than a determinant of the decision.

Parental Care of Children

For all three samples, inadequacy of supervision and guidance and inadequacy of warmth and affection were associated with a placement decision. (The association was particularly strong with respect to "gross" inadequacy.) Significantly more placement children were also reported as

receiving grossly inadequate protection from physical abuse, exploitation or exposure to dangerous situations, and as receiving grossly inadequate concern regarding schooling in both the original sample and the field test sample. These findings give substantial support to the value of these four items as a summary evaluation of parental care.

Characteristics of Children

The point was made earlier that one contribution to a placement decision is the pathology of the child. For some children this factor appears to be the sole determinant of placement. Thus it is not surprising to find that for all three samples the degree of emotional disturbance of the child is strongly associated with whether a child enters placement. In the field test, all negative child characteristics tended to be true of a higher proportion of placement children.

For all three samples, children reported as lying a lot, as running away from home, as stealing from parents, and as being aggressive and getting into many fights were significantly more likely to be placement children. The following items were significantly associated with placement decisions in the original and field test samples, though they did not differentiate on the pretest:

Is withdrawn
Cuts classes and sometimes skips school
Behavior is said to be a problem at school
Is hard to handle and does not listen
Refuses to help around the house

In the original data and on the pretest, but not on the field test, significantly more placement children were listed as having few or no friends their own age and as acting out sexually.

Because of concerns expressed by persons who reviewed the guide, several items were included in the field test form that were not a part of the previous interview guide. The new items, child "is easily influenced by others," "is immature for age," 'does not get along with other children," and "demands a lot of attention" were all significantly more often reported as true of placement children. Caseworkers were also more likely to indicate that placement children wished to leave home and that they had a poorer relationship with their parent(s). There were, however, no significant differences on the child's degree of concern about the problem or on the child's capacity to change. Although at this point it might appear that the significant items ought to be retained, the reader is reminded that they have been used only once and might not be useful in all settings. Only the child's desire to leave home and his poor relationship with parents differentiated across all four settings supplying data for the field test. They have been retained in the interview guide as adding one more bit of information possibly important in decisions.

Analysis of Cluster Scores

In the previous report there was discussion of the effort to develop clusters of items that would differentiate placement and own home decisions more accurately than single items. In Chapter 2 of this report we indicated that all the previously developed clusters, with the exception of those dealing with the father, retained their value on the pretest sample in differentiating placement and own home decisions.

Before the cluster scores for the field test sample were computed, a review of the cluster items used in the initial study in the light of

the findings on the subsequent samples suggested that certain items should be eliminated from the original clusters. Two children's items, "fights with siblings" and "has temper tantrums," were dropped. "Punishment of children is overly severe" was eliminated from both the mother and father clusters, and "does not recognize individual needs and differences between children" was dropped from the father cluster. (The complete clusters are listed in Chapter 1, pages 7 and 8.)

Again, for the field test sample clusters were analyzed separately for intact families and mother-only households. Tables 4.1 through 4.7 reflect the distribution of scores for each cluster. The cluster scores represent the total number of "true" responses for each child.

For Cluster I, Background Factors, an analysis of the proportion of cases within each cell showed that for the mother-only group, having fewer than three negative traits was predictive of an own home decision, and having four or more was predictive of a placement decision.[2] For the intact-family group having no more than one negative trait was strongly predictive of an own home decision, and having three or more was predictive of a placement decision. The reader should note that these differentiating points are not identical with those in the earlier report. In general, higher cluster scores are associated with placement decisions. However, the purpose of the cluster scores is not to determine a decision, but to consolidate for the caseworker information that suggests the appropriate decision.

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[2]In calculating X^2 values, tables were collapsed on one or both ends where needed to increase cell sizes at ends of scale.

Table 4.1

Background Factors: Cluster I

Number True	Mother Only		Intact Family	
	% Own Home	% Placement	% Own Home	% Placement
None	2	0	1	0
One	7	7	47	5
Two	45	11	33	37
Three	40	35	13	39
Four	5	39	5	15
Five	1	8	0	4
Total	100	100	100*	100
(N)	(164)	(122)	(78)	(79)

$X^2 = 75.96$, df 3, $p<.001$ $X^2 = 44.80$, df 3, $p<.001$

*Percentage totals are shown as 100, even when column adds to 99 or 101 because of rounding.

In the field test sample Cluster II, Mother's Relationship With Child, was a more effective predictor of the decision than in the initial sample. For both the mother-only and the intact-family groups, the lack of any negative traits was predictive of an own home decision. The presence of two or more negative traits in the mother-only cases and three or more in the intact-family group was predictive of placement. The strength of this cluster is surprising in view of its former lack of significance for the original intact-family grouping.

Table 4.2

Mother's Relationship With Child: Cluster II

Number True	Mother Only		Intact Family	
	% Own Home	% Placement	% Own Home	% Placement
None	43	12	65	23
One	12	12	22	21
Two	35	30	12	27
Three	9	18	1	20
Four	1	28	0	9
Total	100	100	100	100
(N)	(164)	(122)	(78)	(79)

$X^2 = 68.88$, df 4, $p<.001$ $X^2 = 40.74$, df 3, $p<.001$

For both the intact-family and the mother-only groups, Cluster III, General Mother Traits, showed significant differences between own home and placement cases. Of the mother-only group, proportionally more cases with no more than one negative trait were own home decisions, and proportionally more cases with four or more negative traits were placement decisions. Cluster III for the intact-family group was somewhat more efficient, with no negative traits being predictive of own home decisions and one or more negative traits being predictive of placement decisions. The reader will note that fewer own home cases had two negative traits and somewhat more own home decision cases had three negative traits. This illustrates the fact that only at the extremes of the distribution are particular scores fairly clear differentiators of the decision.

Table 4.3

General Mother Traits: Cluster III

Number True	Mother Only		Intact Family	
	% Own Home	% Placement	% Own Home	% Placement
None	23	12	55	17
One	35	25	22	44
Two	17	18	4	14
Three	17	14	18	14
Four	4	18	0	5
Five	4	8	1	6
Six	0	5	0	0
Total	100	100	100	100
(N)	(164)	(122)	(78)	(79)

$X^2 = 30.48$, df 5, $p<.001$ $X^2 = 33.63$, df 4, $p<.001$

Cluster IV, Parental Care, was a far more efficient predictor for the mother-only sample than for the intact-family sample. However, for both samples, having none of the parental care items checked as grossly inadequate was predictive of an own home decision. For the mother-only group, having one or more negative traits was predictive of a placement decision, while for the intact-family group, having two or more negative traits indicated a placement decision.

Table 4.4

Parental Care: Cluster IV

Number True	Mother Only		Intact Family	
	% Own Home	% Placement	% Own Home	% Placement
None	78	34	69	44
One	11	21	20	19
Two	11	23	3	13
Three	0	9	8	16
Four	0	12	0	8
Total	100	100	100	100
(N)	(164)	(122)	(78)	(79)

$X^2 = 58.04$, df 2, $p<.001$ $X^2 = 16.18$, df 3, $p<.01$

Cluster V, Child Traits, was somewhat less efficient than the Parental Care cluster. For the mother-only group, having three or more negative traits was predictive of placement and having no negative traits was predictive of an own home decision. The distributions within the one and two negative traits cell were practically identical for both own home and placement cases. On the other hand, for the intact-family group fewer than two traits were predictive of an own home decision and three or more traits were predictive of a placement decision.

Table 4.5

Child Traits: Cluster V

Number True	Mother Only		Intact Family	
	% Own Home	% Placement	% Own Home	% Placement
None	49	33	54	30
One	27	29	28	17
Two	15	14	8	10
Three	5	10	3	20
Four	2	7	5	11
Five	1	5	3	4
Six	0	2	0	5
Seven	0	0	0	3
Total	100	100	100	100
(N)	(164)	(122)	(78)	(79)

$X^2 = 17.44$, df 4, $p<.01$ $X^2 = 24.39$, df 4, $p<.001$

Cluster VI, Father's Relationship With Child, and Cluster VII, General Father Traits, are applicable only to the intact-family sample. Not having any Cluster VI negative traits was significantly more likely in own home cases. One negative trait did not differentiate, and two or more traits clearly indicated a placement decision. Cluster VII, General Father Traits, was not so efficient a predictor for this sample as it had been for the original sample. Despite a significant chi-square indicating an association between the decision and the number of traits marked true, the significance is largely a function of the distribution of the first two categories. That two or more negative traits did not clearly differentiate raises serious question about the usefulness of this cluster.

Table 4.6

Father's Relationship With Child: Cluster VI

Number True	Intact Family % Own Home	Intact Family % Placement
None	67	32
One	22	20
Two	9	23
Three	3	19
Four	0	6
Total	100	100
(N)	(78)	(79)

$X^2 = 29.06$, df 3, $p<.001$

Table 4.7

General Father Traits: Cluster VII

Number True	Intact Family % Own Home	Intact Family % Placement
None	50	29
One	15	32
Two	23	23
Three	9	8
Four	3	4
Five	0	5
Total	100	100
(N)	(78)	(79)

$X^2 = 9.42$, df 3, $p<.05$

The lack of utility of Cluster VII for the field test sample of course raises question of whether the decision might not be as efficiently predicted with fewer than seven clusters. Such a question is most readily explored through a multiple regression analysis. A multiple regression analysis permits the exploration of the relative efficiency of each cluster in predicting the decision. For this stepwise regression analysis the variables were entered in terms of their ability to predict (i.e., in terms of their unique contribution to the variance in the decision).

Before a detailed analysis of the multiple regressions presented in Tables 4.8 and 4.9, the point should be made that, although the order of the clusters in this mother-only sample was different from their order on the original sample, the explanatory power (R^2) of the combined clusters was almost identical (.36 vs. .35). On the intact-family sample, however, the R^2 value dropped to .48 for the field test from .54 for the earlier sample.

Table 4.8

Cluster Score Multiple Regression: Mother-Only Sample

Cluster	Multiple R^2	Simple r	Beta
Parental Care	.22	.47	.21
Background Factors	.30	.44	.29
Mother's Relationship With Child	.34	.46	.21
Child Traits	.36	.24	.16
General Mother Traits	.36	.29	.01

For the mother-only group, three clusters accounted for 34% or practically all of the 36% of the explained variance associated with the ideal decision, though the fourth trait also made a statistically significant contribution. In this sample the Parental Care cluster was the most predictive of the five clusters, accounting for 22% of the variance. The Background Factors cluster, which in the original sample had accounted for 16% of the variance in the mother-only group, accounted for only 8% beyond what was already explained by the Parental Care cluster in this sample. As may be seen from the Beta weights, which indicate the contribution of each variable to the total explained variance in the decision (R^2), the Background Factors cluster is the most important cluster when all five variables are considered together. Addition of the Mother's Relationship With Child cluster and the Child Traits cluster increases the R^2 by 4% and 2%, respectively. The clusters Parental Care, Background Factors and Mother's Relationship With Child were quite similar in relative contribution, with Beta weights of .21, .29 and .21, respectively.

The differences between the multiple regression on this and the previous sample is important because it shows that the relative efficiency of these clusters may change by setting. It is important, therefore, that all the clusters be considered. The significant correlations (r) achieved between the cluster scores and the decision indicate the degree to which each cluster is of value in the decision making process, while the multiple correlation shows that substantial overlap exists between cluster scores.

The intact-family multiple regression, as in the original sample, is quite different from the mother-only regression. Table 4.9 does not,

however, show the diminution of the mother's importance in the decision when the father is present that was found in the earlier multiple correlation.

Table 4.9

Cluster Score Multiple Regression: Intact-Family Sample

Cluster	Multiple R^2	Simple r	Beta
Mother's Relationship With Child	.26	.51	.21
Background Factors	.37	.50	.43
Child Traits	.43	.36	.22
General Father Traits	.45	.17	-.26
Father's Relationship With Child	.47	.43	.22
General Mother Traits	.48	.28	.11
Parental Care	.48	.31	.01

The Mother's Relationship With Child cluster accounts for 26%, or a little more than half of the total of 48%, of variance explained when all variables are entered, and is now an important factor. The Beta weight of .21 is identical with the cluster's Beta weight for the mother-only grouping.

The Background Factors cluster gives an additional 11% of explained variance and the Child Traits cluster, 6%. Although significant, General Father Traits and Father's Relationship With Child each contributes only 2% of the explained variance. General Mother Traits, as in the mother-only group and in the earlier regression, was not significant. On the other hand, the Parental Care cluster, which for the mother-only group

was important, is now not significant. Despite the relatively high correlation with the decision, when the other clusters have made their contribution the Parental Care cluster's contribution to the multiple R^2 is less than .01. Thus the relationship of the Parental Care cluster to the decision is essentially predictable from the other clusters in the equation.

A review of the Beta weights shows once again the strength of the Background Factors cluster (.43). The Beta weights for four of the remaining clusters are within the .20 to .30 range, indicating a relative equality in unique contribution. The General Father Traits cluster has a negative Beta weight, which suggests that it may be operating as a "suppressor" variable. As yet no explanation has been found for the anomalous finding of a positive weight of this cluster for the original sample and a negative weight for the present sample.

Again, what seems to be clear is the fact that different settings with their different range of services and hence different populations tend to place emphasis upon different aspects of a case. However, all clusters appear to have some value in the decision-making process. In summary, the value of the clusters as potential indicators rather than determiners of the decision is sustained in the findings of the multiple correlation.

Chapter 5

WORKER REACTION IN FIELD TEST

Over 150 caseworkers used the intake interview guide on at least one case in the three-city field test. In the earlier Towson pretest, all workers were interviewed subsequently to obtain their impressions of the interview guide. In the Los Angeles agency and the two St. Louis agencies, the study director interviewed 26 selected workers who participated in the field test, using a structured schedule in conducting these interviews. In the New York City agency, use of the intake guide was discussed with a group of workers in the office from which most of the cases came. The participation of three of the workers in the group discussion was full enough to include their responses with those of the 26 individual interviewees. The responses discussed here represent a composite of the information from these 29 workers.

Prior to the field test the study director met with all staff in each of the offices of the New York City agency to discuss use of the guide. In St. Louis and Los Angeles the study director met only with administrative and supervisory personnel, who then distributed the guides and explained their use. Particularly in the very large setting of the Los Angeles agency, the workers were left pretty much on their own in interpreting the guide, which they were instructed to complete during the initial contact with the client. This meant that there was substantial variation in the use of the guide by workers in all three settings, running from completion of the form after client contact to rigid adherence to the items and format as presented on the guide. Of the 29 workers

with whom the guide was discussed, 15 used the form directly, 13 used it in some modified way but with the client aware of its use, and one completed it after the interview.

About one-fourth of the interviewed workers had less than 3 years' experience in social work, one-half had between 3 and 5 years' experience, and the rest had more than 5 years' experience. Three had MSW's and the rest were college graduates. By and large, experience and education did not seem to affect responses, though a slight tendency was noted for more experienced workers and those with MSW's to want to use the intake guide only in combination with a wide-ranging unstructured interview.

Effect on Length of Initial Contact

Due to the pressures for an effective intake procedure, the time required to complete the intake guide becomes important. Workers reported their total intake contacts as ranging from half an hour to 2 hours, with the modal response being 1 hour. About a third of the workers said use of the form had not altered the time taken during initial contact, and almost all the other workers indicated that it increased their contact by half an hour or less. Practically all workers reported that with the guide they collected information during the initial contact that they would have had to collect during subsequent contacts. Thus some of the increased time in the initial interview may be offset by the time saved in later data collection. Furthermore, practice in use of the guide may lessen the time, for we found that workers completing more interviews using the guide were somewhat more likely to indicate that it took them the same time as their previous interviews, and usually had shorter

interviews. Nonetheless some increase in interviewing time can be expected if the guide is used.

Adequacy of Data Collected

The increase in time is not surprising, considering that in most cases substantially more material is collected and recorded than was previously. All but five of the 29 workers indicated that the guide adequately covered the material needed for a thorough intake study, and little consistency was found among the five workers on what should be added. A number of the workers, as well as the judges, indicated a desire for more background material about the parents. Although such information may contribute to understanding of the parents' individual functioning, the writers are not convinced by the data thus far collected that such parental background material is necessary for adequate decision making. Research to determine the extent to which the psychosocial history of the parent modifies or clarifies the picture of the current family situation would be appropriate prior to addition of such material to an intake interview guide. Other information desired by the workers concerned details specific to given cases. Use of the form as a guide assumes that the worker will explore in greater depth any area of particular significance in an individual case.

Efforts to reduce the length of the guide have been frustrated by a lack of worker consistency about what material could be omitted. Information one worker found to be important, such as data on discipline of children, another worker considered unimportant. One may at first think that this is a function of differences among the cases; however, a dis-

cussion of the issues involved showed the differences of opinion to be related more to workers' personal value systems and interests than to case differences. In view of worker disagreement on what are relevant criteria for decisions, it appears that selection of items to be eliminated from the form ought to be made on an empirical basis, not on the basis of workers' opinions.

All but one worker indicated that the section on children's characteristics was very helpful, and a number of workers reported that they continued to cover those items with the client even after the study was completed. Many workers also reported that completion of the worker evaluation section was useful in consolidating their thinking. Thus any agency modifying the guide should maintain at least these two sections.

Difficulties in Use of Guide

This is not to say that the workers suggested no valuable modifications. Several questions obviously needed to be changed, or possibly could be omitted. A generalized question asking clients to express what they felt was going well for the family was thought to be ineffective and confusing to the clients because they tended to be more problem-focused. (Responses to this question proved, however, to differentiate strongly between own home and placement cases.) Workers also noted problems in ascertaining data on family routine because of clients' difficulty in relating to the question.

Workers reported the clients' tendency to distort the data given on the following items:

Household composition
Income
Punishments and discipline
Statement of the problem
Drug use
Mental hospitalization
Drinking
Money management
Spur-of-the-moment actions
Job difficulties

For many caseworkers these were sensitive areas that they felt uncomfortable discussing with the client, or that they previously tended not to discuss with the client. Understandably, clients on AFDC were reluctant to indicate the presence of a man in the home, or to indicate unreported income. Similarly, involuntary clients often did not perceive a problem and thus could not discuss their views about "the problem." Such clients also tended to give socially acceptable responses.

An important question is whether such client distortion as reported by the workers is more likely within a structured initial interview than within an unstructured interview. Workers were evenly split on this issue among those who felt the structure had no effect, those who indicated that distortion increased, and those who felt distortion decreased. Those who felt it increased indicated that in the "personalized," unstructured interview the client would feel more relaxed and reveal things he or she would not disclose in response to a direct question, while those who said distortion decreased believed that, when directly asked a group of structured items, the client was less threatened <u>because</u> the relationship was less personal. Thus it appeared that workers' comfort or discomfort with the guide, as well as the particular clients they encountered, was an important aspect of workers' views regarding increased distortion on the

part of the client.

It is doubtful whether changes can be made in the format of the guide or in the suggested questions that will solve all the workers' concerns and the clients' fears, because the solutions are as many as there are workers and clients. However, workers can be helped to rephrase items so they are more appropriate to a given client, can be helped to see the value of all items, and should be encouraged to discuss with the client responses known to be untrue. The reader is reminded, however, that most of the items cited were mentioned by a minority of the workers and that there was little consistency about which items were subject to difficulty. It should further be noted that most workers reported that they made attempts to verify client statements. In most cases these attempts were made because the workers had a substantial number of collateral contacts prior to contact with the client and therefore had information through which they could check on client statements regarding income, drug use, hospitalization, children's behavior, drinking and the description of the current problem.

Suitability to Different Types of Cases

There was agreement among the workers that the guide was not equally effective with all clients. The workers interviewed had used the guide with a variety of types of clients. About two-thirds of the cases were in some way involuntary contacts, such as court investigations, abuse and neglect cases, and questions of whether to return home a child police found wandering alone. Most of the other cases involved voluntary placement requests and homemaker service requests. Again, there was variation

among workers on which clients were difficult to interview using the guide. There was agreement that with the severely disturbed or paranoid client and with the mentally retarded, maintaining sufficient contact to cover the material on the guide was a problem. There was no agreement, however, on whether the guide was more difficult with the involuntary-contact client. Some thought the structure made it easier to deal with these clients and others believed it made it more difficult. It appeared to the study director that the responses about clients other than the severely disturbed or the retarded were more likely to be a function of the workers' predilection than of the objective situation. However, the workers indicated, and the research staff agree, that there is a group of cases, such as cases involving illness of a single parent or the jailing of a caretaking adult, in which the decision is mandated by the circumstances, and it may not be necessary to collect extensive information.

Effect on Client-Worker Relationship

The effect of the use of the guide upon the client-worker relationship is important. A majority of the workers reported that it had no effect upon the level of anxiety manifested in the intake interview. Of those who felt that it changed the level of anxiety, most stated that it increased the level but not all considered such an increase detrimental to the casework relationship. Again, increases were attributed to direct questioning, and decreases to the less personal nature of the situation.

Asked specifically about how use of the guide hindered the casework relationship, over half the workers indicated that the relationship was in no way hindered. Other workers reported that, although the guide had

not been harmful in their contacts, they believed it might be harmful with other clients. The rest of the workers again expressed concern because the relationship was less personal. Asked in what way use of the guide helped the casework relationship, all but five workers said use of the guide made available all the necessary data earlier in the contact and in a more focused way. Two indicated it had no effect on the relationship and three considered its use only harmful.

Overall Reaction

Since almost all workers made some positive statement about the guide, it is not surprising that when asked for an overall reaction, only one worker responded negatively and two were noncommittal. All other workers indicated that the form had benefits. Asked whether they wished to continue to use the guide, half the workers said they did, and another one-sixth indicated that they wished to use the guide with greater flexibility than was permitted during the field test. The remaining one-third of the workers indicated that the guide was too restricting and that they felt more comfortable with an unstructured approach to the initial contact.

Other Issues

Workers were asked how they felt about clients' completing portions of the guide prior to the initial contact. Almost half of the workers indicated there was value to such a system, usually because they thought it would increase the clients' sense of participation. One-third of the workers were opposed to the suggestion, believing both that the client could not complete it without help and that it would have a negative effect upon the relationship.

A similar picture was found with regard to use of the completed guide as a substitute for initial narrative case recording. About half the workers felt that the guide in its present form could substitute for the initial interview recording. Other workers said it would need to be supplemented by a summary statement by the worker noting what he did, some material on the worker/client interaction, and material on the feeling tone of the contact. Still other workers noted that the worker evaluation section has many items requiring interpretation and that some justification of decisions was appropriate. Yet the responses of even the workers who were negative to the use of the guide as a substitute for recording indicated substantial support for maintaining the guide i· the record as a family "fact sheet" that could be consulted. In view of the responses to the questions about use of the guide for case recording and about having the client complete portions of the form, it is clear that both issues need further study prior to a final recommendation.

From discussion with the workers, it became apparent that, although possible, it is not alway: feasible to complete the guide during the initial contact, as this may unduly prolong the interview in some cases. Completion of the guide during a second contact might make possible further collateral contacts prior to the decision on the plan for the family. All workers reported contacts with at least one of the following as important to case decision: schools, courts, referral source, extended families, welfare, hospital or other clinics, other agencies, and neighbors. Thus any new guide should retain space to record collateral contacts. Review of such a completed guide would provide more valid data upon which to

make a decision. All but four workers thought that, with this collateral information, the guide as it is now constructed provided sufficient information as a basis for case planning.

The foregoing analysis of caseworker reports on use of the intake guide indicates substantial support. The material covered was seen as relevant to appropriate handling of a case. Most workers indicated that they could collect information more quickly and in a more orderly fashion. Although some question arose about the effect of structure upon the caseworker/client relationship, concern in this area seemed related more to the individual worker's value system and previous style of interviewing than to actual experience with adverse client reaction. Further, the guide seemed especially valuable to some workers as a basis for training and was considered helpful in defining the material to be covered. In future use of the guide, flexibility in the order and wording of the items should be encouraged, and delay for obtaining collateral information should be allowed. It remains important, however, that all the data required by the guide be collected, since many of the items are clearly associated with child welfare decisions.

Chapter 6

SUMMARY AND IMPLICATIONS

The research reviewed in this report was conducted over a period of 3 years. Initially data were collected from caseworkers on a sample of cases. These data were analyzed to see whether any factor or group of factors was associated with a placement decision. This initial analysis made clear that more than 50 factors were definitely associated with a decision to place, and that vastly more information is acquired about the case in which the decision is placement than about the case that receives an own home service decision. It appeared that a child might enter placement merely because more was known about him, or conversely another child in need of placement might not be placed because not enough information had been gathered. It also appeared that workers varied in the type of information they chose to collect. A review of a sample of the cases by judges, each of whom had substantial experience in child welfare, seemed to support the position that there were specific items of information important to decision making, but that substantial variation in decision making results from the predilections of individual workers.

To assure efficient collection of information important to the decision of whether to place, we developed an interview form to be used during the first inperson interview with the caretaking adult in the case. Pretesting of this proposed instrument was conducted in the Baltimore County Department of Social Services, Towson, Maryland. During the 4 months in which the research was conducted, 50 cases were collected involving service decisions for 133 children. An analysis of these cases, in which

data were complete and in which much of the data had been collected directly from the caretaking adult, gave substantial support for the factors already designated as important to decision making and indicated that necessary information could be reliably collected early in the contact with the family. Furthermore, caseworkers responded positively to use of the form, finding that it facilitated early collection and assimilation of a wide range of information crucial to service planning.

A second group of judges reviewed these cases. Although their decisions showed a level of agreement better than chance, once again marked differences in decisions were apparent deriving presumably from the different perspectives of the judges. It was clear, however, that decisions based upon the data available on the completed form were more consistent between judges than decisions based solely upon narrative case recording. Again, as in the initial study, the items the judges designated as important in their decisions tended to be items that had differentiated statistically between the caseworkers' own home and placement decisions. Because of these findings and because of the generally positive appraisal of the interview instrument by the workers, a large-scale field test of a slightly revised instrument was planned.

The field test was conducted in public agencies in Los Angeles County, St. Louis and New York City. Information on 456 children and on caseworkers' reactions to use of the guide was collected in the spring and summer of 1972. Once again workers generally expressed positive reactions to the intake experience, and the data were supportive of previous findings on what information is important for decision making. Furthermore,

although almost half the children became known to the agencies because of alleged abuse or neglect, in no case did workers report a refusal of the caretaking adult to give the requested information.

Following a review of the experience of workers, the opinions of the judges and an empirical analysis of the data, the intake interview guide was further revised, and the resulting instrument is available in the appendix of this publication. The guide incorporates some items of information that agencies traditionally collect for their records, even though the items were not shown to differentiate significantly between own home and placement decisions. Table 6.1 lists the items that differentiated significantly between own home and placement decisions on at least two of the three samples of cases on which data were collected. (Although ages of mother, father and child were significantly different on two of the three samples, these items are omitted from the list because the important differences were directly contradictory for the two samples.)

Table 6.1

Items Differentiating Own Home/Placement Decisions on at Least 2 of 3 Samples

General Items

Source of referral
Problem as described by referral (precipitating circumstances)
Whether service was voluntary
Number of sources from whom help had been sought
Availability of friends and relatives to whom family can turn for help
What service caretaking adult wanted
Workers' evaluation of reason for request
Chronicity of problem
Who provides child care
Household composition
Number of children in need of service
Number of children in household

Whereabouts of child
Previous placements of other children
Degree to which children help around the house
Level of income
Whether family is receiving public assistance
Cohesiveness of family

Mother Items

Marital status
Mental illness history
Has diagnosed mental illness
Appears emotionally disturbed
Status of physical health
Drug use
Difficulty holding job
Acts impulsively
Is suspicious or distrustful of others
Appears withdrawn or depressed
Shows little concern for children
Is not warm and affectionate with children
Does not set limits for children
Is erratic in handling children
Degree of desire for change
Degree of concern about problem
Degree of recognition of own part in problem
Degree of ability to verbalize feelings
Degree of responsiveness to worker suggestion

Father Items

Race
Religion
Status of physical health
Drinking habits
Employment status
Manages money poorly
Is suspicious or distrustful of others
Shows little concern for children
Is not warm and affectionate with children
Does not set limits for children
Is extremely lax in discipline of children
Places excessive responsibility on children
Degree of desire for change
Degree of concern about problem

Parental Care Items

Adequacy of supervision and guidance
Adequacy of warmth and affection
Adequacy of protection from physical abuse, exploitation or exposure to dangerous situations
Adequacy of concern regarding schooling

Child Items

Behavior is said to be a problem at school
Cuts classes and sometimes skips school
Is hard to handle and does not listen
Refuses to help around the house
Steals from parents
Has run away from home
Has few or no friends own age
Is aggressive, gets in many fights
Gets in trouble because of sexual behavior
Is withdrawn
Lies a lot
Evaluation of child's emotional state

Although it is possible that a more complete analysis of the intercorrelation of the items listed might suggest the omission of several as giving overlapping information, all items are included in the schedule in the appendix. Table 6.2 lists other items tested only during the final phase of the research and found to differentiate for that sample. It should be noted that, since none of these items was used in either the original data collection or in the pretest phase, we do not know whether their significance would hold up on other samples, and therefore whether they should be given weight in decision making.

Table 6.2

New Items That Appear to be Valuable to Maintain

Child is easily influenced by others
Child is immature for age
Child demands a lot of attention
Child does not get along with other children
Child wishes to leave household
Child appears to have poor relationship with parent(s)

Mother's appearance
Degree of mother's agreement with worker's proposed plan of service

Appearance of house or apartment

Degree of father's capacity for change

As is probably obvious, no single item is likely to predict the decision for a particular child. The patterning of responses to various items is likely to be more predictive of the decision. In Chapter 4 we suggested that certain clusters of items taken in combination are able to explain between 36% and 48% of the variance in the decision, but this is a far cry from complete predictability. For mother-only cases, 28 items composed the five clusters of Background Factors, Parental Care, Mother's Relationship With Child, Child Traits and General Mother Traits. (The specific items are listed on pages 7 and 8.) For intact families, two additional clusters including 10 items were found useful--Father's Relationship With Child and General Father Traits. The relative weights of the clusters varied on the different samples, but all appeared to be suggestive of the decision. It should be noted that these clusters were developed merely as a conceptual framework to assist the caseworker in determining the most appropriate decision for a given case, and in identifying cases with special needs.

It should also be noted that use of the intake guide and the earlier data gathering were related to current practice. Workers were asked what the best or "ideal" plan for the child was, not what the final decision was, since the latter might be affected by availability of resources or by parental resistance to the favored plan. That particular factors were associated with one or another decision does not, of course, answer the question of the validity or correctness of the worker's judgment. That the expert judges tended to support the caseworker decisions would seem to indicate, however, that caseworker decisions in the field are generally in accord with the judgments of experts.

On the other hand, the extent of variation on decisions is noteworthy, as is the fact that the cluster scores predicted decisions for fewer than half the cases. Several factors may account for this. For one thing, opinion differs among experts on the circumstances under which placement or service in own home is appropriate. Secondly, the patterning of the determinants of service decisions may be more complicated than we have been able to discern. A third factor that we are sure lessens the predictability of the cluster scores is that workers were not always able to think in terms of resources not available in their own settings.[1] This situation seems especially true of those cases in which neither the family nor the child has extensive pathology and the decision to place is mandated by lack of resources. For example, in a family in which the

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[1]Briar, in a study of decision making, found that a worker's ideal judgment is affected by the resources his agency has available. See: Scott Briar, "Clinical Judgments in Foster Care Placement," Child Welfare, XLII, 4 (April 1963), 161-169.

father works at night and the mother is hospitalized for a physical illness, a child may enter placement simply because of the lack of nighttime homemakers to maintain the child in his own home.

Finally, in review of what has been done it should be noted that the guide used (as well as the guide proposed in the appendix) is divided into two sections. The first is the data-collection section, in which information from the referral source, collaterals and the caretaking adult is systematically noted. The second is the worker-evaluation section. The worker evaluation makes explicit the worker's thinking and also makes sure the worker delves into the family situation sufficiently to respond to it. As many significant items fall within this section, workers' personal predilections may still affect the decision. That client and collateral information as well as the worker evaluations are available on the same form, however, makes it possible for a supervisor to review the decisions with the worker. Because of this and because the total range of information is available on all cases, decisions should be more consistent when the form is used.

Future Use of Guide

The intake guide is designed to be used during the first inperson interview with the caretaking adult, that is, the person who customarily provides care for the child, whether this adult is a relative or a nonrelative with whom the child resides. As it is not possible in all cases to complete the intake guide during the first contact, workers should be permitted to defer some data gathering until the second contact, but such action should be the exception, not the rule. Similarly, in an unusual

case the worker may wish to defer a decision until he has been able to obtain some specific item of information or verify some client statements. All indications are that in the majority of cases the guide can be completed during the first contact and that the length of that contact is less a function of the amount of data collected than of the worker's personal interviewing style.

Although the guide is intended for general use in child welfare intake, it may not be appropriate in cases in which external circumstances determine the decision; for example, urgent need for temporary homemaker service because of a mother's sudden hospitalization. In these cases it is questionable whether it is legitimate or necessary to collect all the data on the guide. Individual agencies may wish to designate certain categories of cases in which the guide will not be used, but the research staff believe that, if it is used, it should be used in toto.

Workers should be encouraged to modify both the suggested order and wording of the questions on the intake guide to meet the needs of a given case. This means, for example, that information given by the caretaking adult that is at odds with known facts need not be ignored. Diagnostic and treatment considerations, rather than the format of the guide, should determine to what extent discrepancies are discussed with the client during the first inperson contact. Modifications also may be necessary to assure the collection of specific data of interest to a particular agency.

We also wish to suggest that in modifying the wording of items, it may not be effective to change the list of negative child traits so that they read positively. Being able to indicate that negative things are not true of the family seems to make the client see the questions as far

more positive than might be anticipated.

Despite the seeming simplicity of being able to follow a guide and accumulate impressions about the family, we wish to make clear that the use of the guide is a professional task. The decision on when to deviate from the guide and in what depth to discuss certain information must be decided in terms of a diagnostic appraisal of the appropriate action. The guide cannot provide that judgment. The guide, however, assures that even a beginning worker will collect the relevant information, and it makes possible a more intensive discussion between the supervisor and worker of the basis for the worker's diagnostic judgments. Thus, the guide has clear value as a training device and should be helpful in lifting the standard of data gathered by relatively untrained or inexperienced workers. Such workers repeatedly told the project director that they were pleased to have a guide that helped them define what they needed to know about a case.

Similarly, the guide should be helpful in equalizing practice in large decentralized programs and across agencies. Despite variations in worker techniques, it is possible in all settings in which the guide is used to compare and discuss cases on the basis of a specific amount of information. As yet the guide has not been tested with AFDC cases, and, although it has possible usefulness in making early service decisions on such cases, it has not been developed for that population. The reader should also be aware that the guide has been tested only in public agencies. However, data from the private agency involved in the early phase of the research suggest that it has equal relevance in the voluntary setting.

In general, we suggest broad use of the guide reproduced in the appendix. The user is cautioned, however, against using only selected items from the guide of particular interest to the worker or the agency, since the guide has been developed to cover the information seemingly important to service planning and the research conducted thus far suggests that without such a guide, worker predilection determines what information is gathered. A review of the significant items shows that the questions asked the caretaking adult are necessary to the completion of the worker evaluation section and, in the opinion of the research staff, to effective decision making.

Implications for Research

Although the intake guide as presented is ready for use, it still needs further testing if appropriate modifications are to be made and its utility is to be increased. The following research questions are suggested on the basis of current experience:

1. Can part of the form be completed by the client prior to seeing the worker?
2. How accurate are caseworker reports of client reaction to the instrument?
3. Is it an effective substitute for narrative recording of first contact?
4. Should early parental history data be collected?
5. To what degree is the ideal decision the correct decision?

To some extent each of these questions has been explored; however, definitive answers are not available on any of them at this point. Even though almost half the workers indicated that there was value in having the client complete parts of the form, no report on experience with this

is available and clients' views have not been solicited. Furthermore, the portions of the form to be completed by the client have not been defined. Similarly, the workers interviewed reported that none of them experienced a negative client reaction to the use of the guide, but no interviews have been conducted with clients who have experienced intake interviews conducted with and without the guide. Only through such contacts can clients' reaction be adequately assessed.

Although half the workers endorsed the guide as a substitute for case recording, and the expert judges were more systematic in their decisions with only the material on the guide, much concern was expressed about whether a case could be adequately assessed without information on the feeling tone of the worker-client relationship. It would be desirable to test use of the guide in place of the conventional record to determine whether the recording of feeling tone in the narrative enters into the worker's case planning.

Whether exploration of early parental history would yield additional effective discriminators could, of course, be studied systematically.

The last question deals with the issue of decision making. The point has been made that the decisions upon which this analysis has been based may in fact not be correct decisions. The children placed may fail in placement and those not placed may fail in own home service. We do know from later information on the own home cases in the original sample that some of the factors that differentiated own home and placement decisions were not associated with the success of own home service. On the other hand, we also know that cluster scores pointing to placement decisions did identify some of the children who failed in own home service.

An accurate test of the correctness of decisions is extremely difficult. It callsat a minimum for followup of four groups of children: two groups with lower cluster scores, some of whom receive placement and some of whom receive own home service, and two groups with high cluster scores, some of whom receive one and some the other type of service. The service must be monitored closely to permit control for content, extent and quality. This is not an impossible task, but it is extremely difficult.

Pending such an approach to research on the correctness of decisions, it is believed that the field can make substantial strides toward better child welfare decisions. Availability of consistent information across cases, emphasis in supervision and staff development on systematic evaluation of such data in treatment planning, hard thinking about cases on which the decision is or is not in line with the experience of the field--all these are steps toward sounder decisions. The form that has been developed in this research and the data from the several agencies that have participated provide the basis for sounder judgments in child welfare, and the guide is offered for general use by the field.

APPENDIX

CWIA Intake Interview Guide

CWLA INTAKE INTERVIEW GUIDE

Instructions

This Guide is designed to make the intake process more consistent by assuring the collection of basic data found to be of importance to the decision making process.

The form is to be employed during the first in-person interview with either the mother, father, or guardian of the child(ren) in need of service. A child is defined as in need of service even if services are to be given only to the parents on the child's behalf. In presenting the form the interviewer may wish to use the analogy of a hospital intake in explaining why the range of data, some of which may not seem directly relevant to their situation, is being collected.

Pages 2-11 have been designed so that the interviewer can follow closely the questions if he/she desires in conducting the interview. The interviewer is however free to modify the wording or order of questions so long as he/she makes sure to cover each item on the form. The interviewer is encouraged to pursue in greater detail any item on the form on which he needs further information.

At the end of the interview the worker is to complete the Worker Evaluation, starting on page 12 and to indicate the plan for the child. The worker should indicate if the plan for the child is not "ideal" but mandated by lack of resources, parental resistance, etc.

In some instances the worker will not be able to make even a tentative decision about appropriate planning after the first in-person contact. In such a case the worker may defer briefly completion of the Worker Evaluation section until he/she collects the additional data needed from the other parent or collaterals.

On most pages of the questionnaire a space has been left for notations of important information gathered from collaterals. This would include information indicating that what the client reports is incorrect or other significant information that will permit greater understanding of the client's response. Data from collaterals need not be noted unless differences between collaterals and the client are expressed or verification of a parental statement is important. The space should also be used to record additional information from the parent.

Child Welfare League of America

August 1972

Name of Client _____ Case # _____
(please print or write legibly)

Address (and additional information re location of house/apartment) _____

_____ Phone # _____

Worker's Name _____ Unit _____ District Office _____

REFERRAL INFORMATION

Date of referral _____

Source of referral:
___ Mother
___ Father
___ Both parents
___ Relatives (specify) _____
___ Friend, neighbor (specify) _____
___ School (specify) _____
___ Voluntary agency (specify) _____
___ Public welfare agency (including other dept., same agency)
___ Other (specify) _____

Problem as described by referral source (including recommendation if appropriate):

_____

_____

_____

_____

Worker notations on previous record material: _____

_____

_____

Other agencies involved: _____

_____

DISPOSITION OF REFERRAL: ___ Accepted for study ___ Not accepted for study

CLIENT CONTACT

Contact between client and agency was: ___ Voluntary ___ Involuntary

Date(s) of attempted contact(s): _____ Date of initial in-person contact: _____

Person(s) seen during initial contact: _____

Where initial contact took place: _____

In Protective Cases. Please describe what you told client about reason for contact and agency role:

_____

_____

_____

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1. What's the problem? (What do you see as the reason for our contact with you?)

_____

_____

_____

_____

2. How long has this problem been troubling you? (Worker appraisal of response)

___ New problem
___ Chronic problem -- little recent change
___ Chronic problem -- intensified or reactivated

3. What would you like us to do for you? (If client is not clear what agency can offer, worker may wish to review available services.)

___ Nothing -- involuntary referral
___ Day Care
___ Placement
___ Homemaker Service
___ Counseling
___ Financial Assistance
___ Other (specify) _____

4. Before (coming to us) (we got in touch with you), what did you try to do about the problem?

_____

_____

_____

_____

5. Did you talk to:
___ Friends
___ Neighbors
___ Relatives
___ Doctor, lawyer, clergyman
___ Other agencies (specify) _____
___ Other (specify) _____

6. What were they able to do for you? _____

_____

_____

_____

_____

7. Have you ever had contact with this agency before? __No __Yes (Why was that?)

_____

_____

_____

DECISION ON CASE

___ Referral appropriate (CONTINUE INTERVIEW)
___ Referral inappropriate, refer and close (STOP USE OF FORM)
___ Referral inappropriate, no further action (STOP USE OF FORM)

COLLATERAL INFORMATION

8. FAMILY DATA AND USUAL HOUSEHOLD COMPOSITION

Be sure to fill in all data on this face sheet including the names of all members of the household. It is best to begin with information about the respondent. Even if natural father/mother is not part of the household, request information about him/her. Do not press for data on whereabouts of missing parent until end of interview if respondent is

	LAST NAME	FIRST NAME	RELATION-SHIP TO MALE/FA.	REIATION-SHIP TO FEM./MO.	SEX	BIRTH DATE	RACE	RELIGION
MALE IN HH								
NATURAL FATHER 1								
NATURAL FATHER 2								
FEMALE IN HH								
NATURAL MOTHER 1								
NATURAL MOTHER 2								
CHILD #1								
CHILD #2								
CHILD #3								
CHILD #4								
CHILD #5								
CHILD #6								
CHILD #7								
CHILD #8								
CHILD #9								
CHILD #10								
OTHER MEMBERS OF HOUSE-HOLD								

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reluctant to give such information. Be sure to inquire if there is anyone else who is usually part of the household but temporarily away (less than 90 days) and if there are any children who are permanently away from the home.

OCCUPATION/ KIND OF WORK	NAME AND ADDRESS OF EMPLOYER	HOURS OF WORK	WHEREABOUTS/ADDRESS IF NOT PRESENTLY IN HOUSEHOLD	WHEN LEFT?	WILL RETURN WHEN?

KIND OF WORK/ SCHOOL GRADE	NAME AND LOCATION OF SCHOOL OR EMPLOYER				

COLLATERAL INFORMATION

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COLLATERAL INFORMATION

9. Have any of your children ever been in placement 90 days or more? ___No ___Yes

(IF YES, ENTER CHILD'S NAME AND CHECK ALL TYPES OF PLACEMENT THAT APPLY.)

Child's Name: _____ _____ _____ _____ _____ _____

___Yes, foster home, group home or institution for dependent children _____ _____ _____ _____ _____ _____

___Yes, institution for mentally retarded or emotionally disturbed _____ _____ _____ _____ _____ _____

___Yes, correctional institution _____ _____ _____ _____ _____ _____

___Yes, other (specify) _____ _____ _____ _____ _____ _____

10. Who assumes the major responsibility for the care of children in your household?

___Mother or stepmother
___Father or stepfather
___Female relative
___Male relative
___Other (specify) _____

11. Are you presently:

___Married; Date of present marriage: _____
___Single
___Widowed
___Divorced; Date of divorce: _____

___Separated; Date of separation: _____

12. Have you had any previous marriages?

___No ___Yes: Date married _____ Date separated/divorced _____

13. Has the father/mother of the children been married before?

___No ___Yes: Date married _____ Date separated/divorced _____

14. What is the total weekly income of your family from employment after deductions (take home pay)? $_____

15. Other than employment and welfare how much do you get weekly (child support, social security, etc.)? $_____

16. Are you receiving welfare?

___No
___Yes; For how long have you been getting assistance? _____
How much do you receive monthly? _____

17. IF EITHER PARENT WORKS ASK: Who takes care of your children while you (and your husband/wife) are working?

___Not relevant, neither working
___Spouse
___Take care of selves
___Paid baby sitter
___Day care
___Relative
___Neighbor or friend
___Other (Specify) _____

COLLATERAL INFORMATION

18. If you had to go out and leave your children, is there anyone you could leave them with?

___No ___Yes; Who is that? _____

19. Do either you or your husband have any relatives with whom you are in contact?

___No (SKIP TO Q. 20)
___Yes; Who is that? _____

_____

_____

_____

Do you think they might be able to help you with this problem?

___No
___Yes; In what way? _____

_____

_____

_____

20. Do either of you have any friends who might be able to help you with this problem?

___No
___Yes; Who? In what way? _____

_____

_____

_____

21. When you find it necessary to discipline your child, what methods do you use? (CHECK ALL THAT APPLY.)

___Physical punishment such as spanking
___Taking away some privilege like being able to watch TV
___Financial penalty like reducing allowance, refusing money for other things
___Confining to room or keeping home after school, etc.
___Giving extra work or chores around the house
___Just a good scolding
___Other (specify) _____

22. Do your children help you around the house?

___No
___Yes; In what way? _____

_____

_____

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23. In order to understand what we can do for you and the children, we have found it best to get a picture of each of the children in the family. For each characteristic I read, please tell me if the descrip-

Characteristic	Child's Name			Child's Name			Child's Name		
	True	Not True	Not Relevant	True	Not True	Not Relevant	True	Not True	Not Relevant
a. A physical disability that limits his functioning									
SPECIFY WHAT IT IS:									
b. Difficulties in school work									
c. Behavior is said to be a problem at school									
d. Cuts classes and sometimes skips school									
e. Is hard to handle and does not listen									
f. Fights a lot with brothers or sisters									
g. Refuses to help around the house									
h. Steals from parents									
i. Has run away from home									
j. Has few or no friends own age									
k. Is aggressive, gets in many fights									
l. Gets in trouble because of sexual behavior									
m. Is withdrawn									
n. Has temper tantrums									
o. Lies a lot									
p. Is easily influenced by others									
q. Is immature for age									
u. Demands a lot of attention									
r. Does not get along with other children									
s. Other significant characteristic									
SPECIFY:									

Other comments: _____

_____

_____

_____

_____

_____

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tion is true of any of your children. Let's start with your oldest child, does (NAME) or any of your other children have----------?
(IT IS BEST TO REVIEW ALL CHILDREN IN HOME ON EACH CHARACTERISTIC BEFORE GOING ON THE NEXT CHARACTERISTIC.)

Child's Name			Child's Name			Child's Name			INFORMATION FROM COLLATERAL
True	Not True	Not Relevant	True	Not True	Not Relevant	True	Not True	Not Relevant	

Now I'd like to ask you a few questions about you and your husband.

COLLATERAL INFORMATION

MOTHER (Mother surrogate) | FATHER (Father surrogate)

24. How is your health? Your husband's (wife's)?

_____	Good	_____
_____	Fair	_____
*_____	Has disability or illness that hampers functioning	_____*
*_____	Is hospitalized	_____*
*_____	Needs hospitalization	_____*

*Specify nature of difficulty: _____

25. Have you or your husband (wife) ever been treated for a mental illness or a nervous disorder?

_____	No	_____
*_____	Yes, out-patient treatment	_____*
*_____	Yes, hospitalized	_____*

*Specify nature of difficulty and dates of treatment: _____

26. Do you or your husband (wife) currently have such a problem?

_____	No	_____
_____	Yes	_____

27. Have you or your husband (wife) ever had a problem with drinking? Do you now?

_____	No, never	_____
_____	Yes, past, not now	_____
*_____	Yes, now	_____*

28. Have you or your husband (wife) ever used drugs? Do you now?

_____	No, never	_____
_____	Yes, past, not now	_____
*_____	Yes, now	_____*

*What kind of drug is that? _____

29. Do you or your husband (wife) often do things on the spur of the moment without thinking?

_____	No	_____
_____	Yes	_____

30. Do you or your husband (wife) have any trouble managing the money you have?

_____	No	_____
_____	Yes	_____

31. Do you or your husband (wife) have any difficulty holding a job?

_____	No	_____
_____	Yes	_____

COLLATERAL INFORMATION

32. (ASK ONLY WHERE LIVING WITH SPOUSE -- WHETHER RELATIONSHIP IS LEGAL OR COMMON-LAW) Now I'd like to ask you about your marriage. Taking all things together, how would you describe your marriage (relationship with _____)? Which of these terms fits best:

____Very happy
____Fairly happy
____So-so
____Fairly unhappy
____Very unhappy
____No response or don't know

33. I have been asking you mostly about areas in which people have difficulty. Tell me about some of the good things about your family, some of the things that are going well for you and your family.

_____

_____

_____

_____

PLEASE REVIEW FORM, MAKING SURE THAT INFORMATION FROM COLLATERALS, WHEN DIFFERENT FROM PARENTS' REPORT, HAS BEEN NOTED.

SOURCES OF INFORMATION

Indicate how long contact was with each of the following and where it took place. (If no contact, indicate "none".)

	Number of minutes	Location
Mother	_____	_____
Father	_____	_____
Children	_____	_____
Other: _____ (specify)	_____	_____
Other: _____ (specify)	_____	_____

RESOURCES AVAILABLE TO HELP THIS FAMILY:

	Name of contact	Phone
School	_____	_____
Clinic	_____	_____
Social Agency	_____	_____
Relative/friend	_____	_____
Other	_____	_____

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WORKER EVALUATION

What is the primary reason for the request for service? Check one only.

___ Abuse or neglect of child
___ Parental unwillingness to care for child (including desertion)
___ Marital conflict of parents
___ Emotional or behavioral problem of caretaking parent
___ Physical illness or death of caretaking parent
___ Parent-child conflict
___ Child's emotional or behavioral problem
___ Employment of caretaking parent
___ Financial need, or inadequate housing
___ Other (specify): _____

Child's Situation:	Child's Name:																	
	True	Not True	Unknown	True	Not True	Unknown	True	Not True	Unknown	True	Not True	Unknown	True	Not True	Unknown	True	Not True	Unknown
a. Child appears to have little concern about problem																		
b. Child wishes to leave household																		
c. Child appears to have little capacity for change																		
d. Child appears to have poor relationship with parent(s)																		

All in all, how would you evaluate child's emotional state? (Check one item for each child in the same order as listed above.)

Normal.....	____	____	____	____	____	____
Somewhat disturbed.....	____	____	____	____	____	____
Markedly disturbed but not psychotic.....	____	____	____	____	____	____
Severely disturbed, psychotic.....	____	____	____	____	____	____
Insufficient data.....	____	____	____	____	____	____

What is your estimate of the child's intelligence? (Check one item for each child in the same order as listed above.)

Above average.....	____	____	____	____	____	____
Average.....	____	____	____	____	____	____
Somewhat below average.....	____	____	____	____	____	____
Well below average.....	____	____	____	____	____	____
Unknown.....	____	____	____	____	____	____

Parent's Relationship with Child:	MOTHER		FATHER	
	True	Not True	True	Not True
a. Shows little concern for children				
b. Does not recognize individual needs and differences between children				
c. Punishments of children are overly severe				
d. Does not set limits for children				
e. Is erratic in handling of children				
f. Is not warm and affectionate with children				
g. Places excessive responsibility on children				
h. Is extremely lax in discipline of children				

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For each area of current child care functioning, check whether the family functioning is adequate, somewhat inadequate or grossly inadequate. Functioning is to be considered inadequate if there is a deficiency in an area with all or any one of the children.

Area of Child Care Functioning:	Adequate	Somewhat Inadequate	Grossly Inadequate
a. Protection from physical abuse, exploitation or exposure to dangerous situations			
b. Supervision or guidance			
c. Warmth and affection			
d. Concern regarding schooling			

What is your assessment of the cohesiveness of the family?

___ Exceptionally close, warm family relations
___ Closely knit, cooperative
___ Fair cohesiveness with minor problems
___ Considerable tension or lack of warmth
___ Severe conflict or absence of affectional ties
___ Unknown -- insufficient data available

Appearance of the home:

___ Not applicable -- home not visited
___ Fastidiously clean and orderly
___ Fairly clean and orderly
___ Clean but not too orderly
___ Not clean but orderly
___ Not clean and not orderly

Parental Evaluation: Indicate whether or not each of these descriptions accurately fits this parent.

	MOTHER		FATHER	
	True	Not True	True	Not True
a. Exhibits grossly deviant social attitudes				
b. Has unwarranted feeling of being picked on by community				
c. Is suspicious or distrustful of others				
d. Appears withdrawn or depressed				
e. Appears emotionally disturbed				
f. Has diagnosed mental illness				
SPECIFY:				

For each of the following items check the degree to which it characterizes the parent.

	MOTHER				FATHER			
	High Degree	Moderate Degree	Low Degree	None	High Degree	Moderate Degree	Low Degree	None
a. Ability to verbalize feelings								
b. Recognition of own part in problem								
c. Desire for change								
d. Capacity for change								
e. Responsiveness to worker suggestions								
f. Concern about p problem								
g. Agreement with worker's proposed plan of service								

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Please describe anything noteworthy in the appearance of mother, father, or children:

Additional Comments: (Indicate other significant material not already listed on the form)

PLAN OF SERVICE

Specify the type of service to be given to each child in need of service.

Child's Name	Plan for Child